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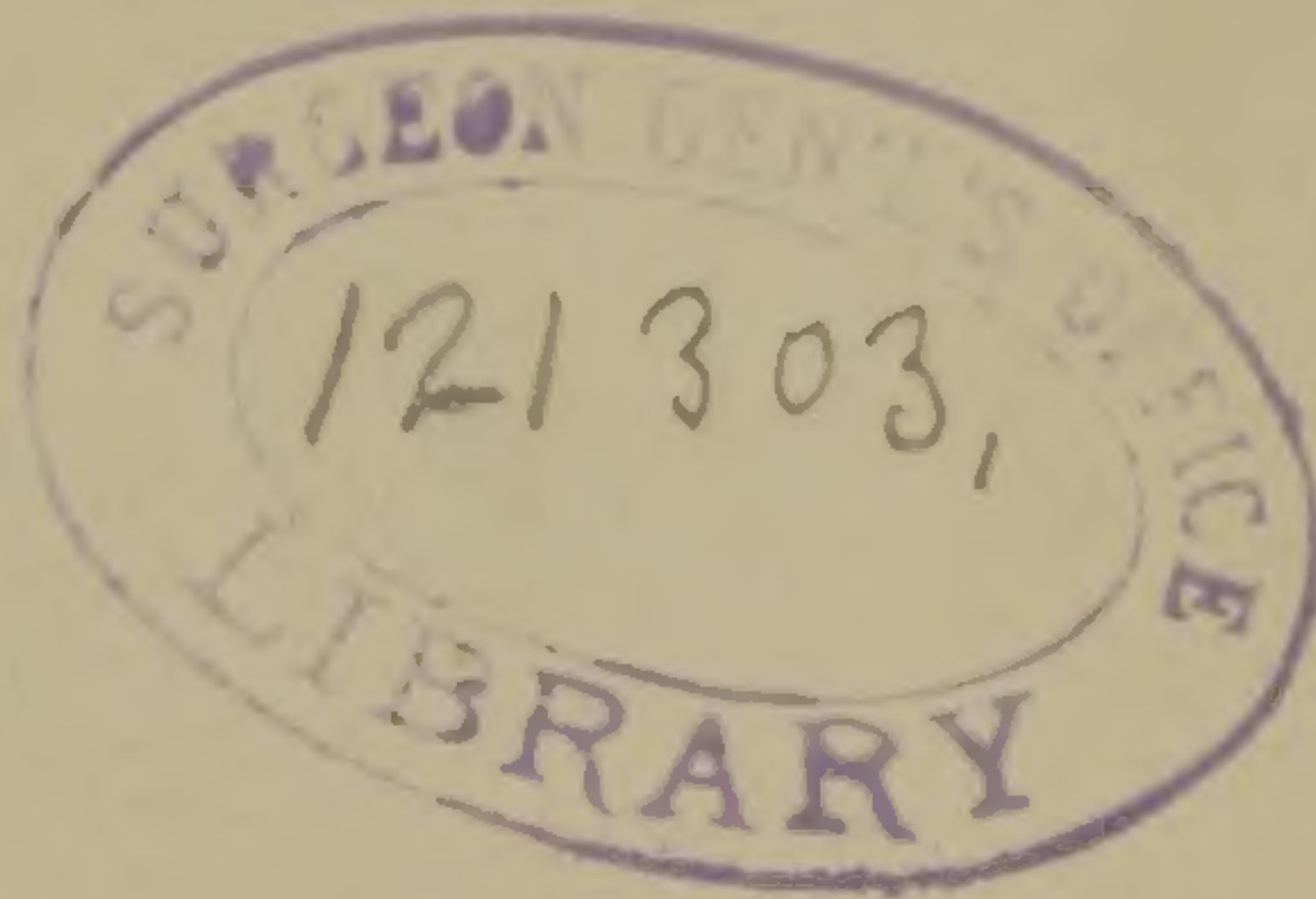
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BY

BENJAMIN EDDY COTTING ✓

PREPARED FOR THE NORFOLK DISTRICT MEDICAL SOCIETY

"Hortaris ut orationem amicis pluribus recitem.
Faciam, quia hortaris; quamvis vehementer
addubitem."—*Plin. 2dus, III. 19.*



BOSTON :
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TO
WILLIAM PALMER BOLLES, M.D.,
President of the Norfolk District Medical Society,

MY DEAR DOCTOR :

YOU were the *causa causans* of the following paper. But for your aggressive persuasiveness it never would have been written. It is, therefore, only right that you should bear some of the responsibility of its appearance in print. Besides, you know by experience how to appreciate successful results through early struggles and incessant work—*labeur acharné* as the French have it, and your numerous followers will do well to imitate the example you have set before them.

Trusting that your earnest efforts for the welfare and advancement of our Society will be crowned with fullest success,—I remain, on retiring from its activities, firm in the faith of the ever continuous supremacy of the regular profession, and of its ultimate universal prevalence.

Your friend, THE WRITER.

Roxbury, Boston, Feb., 1888.

PROFESSIONAL REMINISCENCES.

Mr. President, and Fellow-Members of the Norfolk District of the Massachusetts Medical Society:

THE officers of our Society have directed me to prepare a paper for this meeting. Having long and earnestly maintained that every member should attempt for the Society any duty assigned to him, I cannot consistently refuse to undertake the task now imposed upon me.

Although the subject enjoined and the topics indicated are not such as I would have chosen — involving, of course, much undisguised egotism — it is quite possible that an unreserved and unvarnished story of some of the “labors, dangers and sufferings” of an old soldier, while groping in the mistiness of past times, may be not without interest to abler warriors, thrice armed with all modern improvements and in the light of the present, but

even now in a perpetual struggle along the same line of oft-perplexing service.

At all events, the mandate should be obeyed ; it is official, and “ to be respected accordingly.”

Repressing, therefore, personal disinclinations, and premising that I have scarcely any notes to refer to, I will try to relate, as best I may, a few of the way-side incidents of my professional career.

I have now practised medicine for a full half-century. Fifty years ago last August, on Commencement Day, three years after graduating at Harvard University, I received at the hands of its President a degree of Master of Arts ; and, after that, but on the same day, a diploma conferring, as it said, “ all the rights, honors and privileges pertaining ” to a Doctor of Medicine.

A few weeks later I was admitted a Fellow of the Massachusetts Medical Society, and obtained its “ License to become a practitioner of Medicine and Surgery , while a resident within the Commonwealth ” of Massachusetts.

Armed and equipped with these formidable documents, a very bashful but an undaunted youth, I proceeded at once to affix to the door of my lodgings an indication that thereabouts did dwell

a new recruit in the “great army” of those who, in the words of its foremost leader, are ever ready

“To do a world of good, and take a world of pay.” *

The professional “shingle” having been thus duly adjusted, a hasty retreat was effected, and the door bolted; lest some great accident or some pressing emergency should, perchance, bring excited messengers too suddenly before the startled and inwardly-trembling neophyte. But no accident happened, no emergency arose. Perhaps it was the *sign*, it seemed indeed to say

“The smallest favors gratefully received;” *

but it may have been too inconspicuous to be read by one who runs. It was, in fact, a modest affair compared with many since exhibited,—an early effort, by the way, of one who long ago became a noted landscape painter. It is still in service, in humble contrast with what fashion or greater acquirements have since seemed to demand.

I have been urged to tell, especially, of my first lodgings, the fittings-up thereof, my manner of living there, the books and instruments then thought necessary—for display, if not for study and use—

that these things may be compared, or rather, contrasted, with the requirements of young beginners of the present day. It is a sorry story; but here are some of the *res angustæ domi*.

In selecting lodgings the chief points were to get as near as possible to where other and older practitioners were congregated; and to be accessible to Dispensary and other equally promising districts, from which employment might at first be expected. I tried for Winter Street, then full of doctors, but the best accommodations obtainable, within my limited means, were on Washington near Bedford Street.

As it was, I was obliged to go up one flight, and to take a single room. It was forlorn enough, with bare, unpapered walls; and had a hole in one side for a stove, if I could obtain one. I arranged a cot in one corner, and concealed it, as best I could, with a muslin curtain of no very elegant pattern or artistic construction. A fragment of a carpet on the middle of the floor; a pine table, with four attenuated legs supporting its corners and a cover of green baize, for a centre-piece; and three or four wooden chairs—one a rocking-chair which subsequently had a history—completed the furnishings. On the table were a dozen or more

books, chiefly medical ; and a well-worn dissecting case of the ordinary pattern.

What would a young beginner nowadays think of such a “den” as this?

Not many days after I had taken possession of my apartment, while quietly settling down to the dreary drowsiness of solitude and want of occupation, I was aroused from incoming torpor by one of the most gratifying surprises I ever experienced.

A Professor of the Medical School*—waiving the usual etiquette and custom which required the new-comer to make the first calls—came to my office. We never had been introduced ; and an absurd custom clinging to some of us from undergraduate usages had prevented my speaking to him, except in answers to examination questions, while he was a teacher and I a student, lest it should induce the accusation of “fishing,” or the seeking of favors and indulgences. He brought to me some publications of recent cases, and asked me to assist him in a private operation. Thus began an intimate and mutually-confiding friendship which terminated only with his life.

Weeks passed, and yet the public did not appear to care for the patient waiter behind the door, nor seem very much to need his services.

Hitherto all my needs had been amply supplied; but now, while money could still be had for the asking, I had fully determined not to ask for more. On the contrary, I entertained a faint hope that sometime I might be able to pay back what I had received subsequently to leaving college. But, that aside, the present was to be provided for. It would not do to expect that to-day's expenses might be paid by to-morrow's earnings. Such a course would soon lead to distress and discomfiture. But, as was then recognized and afterwards fully realized, it would often be a hard trial to subsist upon the little actually received, rather than to venture upon that which, though earned, had not been paid in. The prospect was unpromising, but the will was strong; and the many obstacles were at last overcome. The first steps were the worst—to gain and reserve to-day enough for to-morrow.

Although a *voluntary* undertaking, nevertheless to live by one's self under such, even self-imposed, conditions, at times having to go days with only bread and water, or with now and then the addition of an occasional dinner at a restaurant when by chance an extra fee came in, and this for months, was bad enough; but to feel obliged to "hold the fort" continuously, day and night, that nothing

escape through absence, depriving one's self of all social or other needed recreation, became much more unbearable. The French have a saying that there is no necessary man, and I began to think that I was indeed the very individual the adage referred to.

Occasionally a friend would come in, and, by way of consolation, suggest that a calling which did not immediately *pay* was not worth following up.

A notable family once sent for me. They had sickness in the house. Their family physician, they said, had become old and so infirm that they felt obliged to give him up. They had long known of me, they said, and of my abilities and standing; had great regard for me, and they felt, in this serious emergency, that they could confidently trust in me—to tell them whom they had better employ as their physician. Keeping my self-possession as best I could, I told them, without apparent hesitation, whom I would send for were I ill myself. They sent for him, and he ever after attended them.

I had saved a trifle from my allowance for student expenses, and only a few coppers remained when a lady called me to her assistance. She was found to have a mammary scirrhus. After proper

consultation with higher authorities it was decided that the organ should be removed. One day she took me aside, and, with great solemnity, asked me to tell her, upon my *honor*, whether I thought that I could do the operation *well*. She did not ask me, she said, to say as well as the eminent gentlemen who had seen her, but **WELL**. On my answer in the affirmative, she told me to come prepared to do it on the following Tuesday. Remember that there was no anæsthesia then. It required several strong persons merely to hold a patient, writhing and groaning, during such an operation. The operator, then, could not loiter to determine uncertain tissues. He could not stop even to tie up arteries, unless very important ones—toothed forceps for the purpose were not then invented. He was obliged to go rapidly on, and unmoved to receive jets of blood in his face, or wherever they might fall. Yet he did not think it advisable to wear the butcher-like frock now sometimes seen, or to embarrass and prolong the proceedings by foul-smelling vapors or poisonous washes.

More than one of the assistants whom I invited (but not the aforesaid Professor of Surgery who kindly offered to be present and aid me), suggested the consequences of failure; but the operation was

performed, and to the satisfaction of all. • This was my first case after graduation, and it required some firmness of purpose to meet its exigences. •

While I was attending this patient a gentleman called for temporary advice, and insisted on paying a fee. It was the first payment for professional service, and the hesitating reluctance with which the amount was named and accepted is well remembered to this very hour. The service rendered did not seem to me worthy of any compensation — a common experience, I believe, with young beginners. The bank-note thus received (the smallest denomination then issued), was never parted with. It still hangs in its frame by my books, a constant reminder of the sensations it at first aroused.

But a few patients, however prominent, do not make a practice. This I well knew; and I had not taken a place among active practitioners with any intention of remaining permanently in the city. The truth was that, although I had had an unusual amount of actual practical experience for a student in those days, especially in obstetrics, through my connection with the House of Industry, I was still in a formative stage. At the House of Industry during my charge of it as Interne, besides a very large number of patients constantly in the wards

with all sorts of diseases and ailments, including insanity, there were over thirty births and one hundred and fifty deaths. Thus an opportunity was afforded for the study of disease in all its forms and terminations, from earliest infancy to extremest old age. There, too, were many chances for autopsies, dissections, and operations on the subject.

A little knot of us students (I believe that I am the only survivor) had been in the habit of meeting together to report cases, and to *quiz* each other's work, criticizing it, sometimes rather roughly, in diagnosis, prognosis and treatment. In like manner we assembled for operations at the dead-house. The subject having been put into position, one would take the watch, for rapid action in those days was second only to thoroughly skilful performance, and would call upon one of the others, at random, to do an operation then for the first time named. When finished, and the time noted, the operator was subjected to the relentless criticisms of the lookers-on, who never failed to find some fault or omission, or to suggest some improvement. These and similar exercises were the source of incalculable good to each and all of us.

It was then the custom also, at the college, for students who were willing to be examined on the

previous lecture to take the front seat in the lecture room. Generally there would be half a dozen or so in this seat, though only two or three of us took places there throughout the whole course. We thought it better to fail there than to prove ignorant afterwards when ignorance might be more disastrous. Many corrections of unsuccessful replies were fixed firmer in our memories than our correct answers.

Notwithstanding all this, and perhaps in consequence of it as it showed our limited acquirements, I felt far from competent to assume at once on graduation "the responsibilities of a general practitioner" alone and unaided, especially in a country town to which I seemed destined.

Though constantly on the watch, the looked-for "opening" did not show itself to me. Determined to make but one move, and that for a permanent location, I staid on, attending additional lectures, "walking" the hospital, then the only one, the Massachusetts General, practising as I could, "getting up nights" for neighbors (always giving up the patient in the morning to the regular attendant), and bleeding for others in order to save them the trouble, and to become, as was then considered important, adroit in the performance of that frequent operation.

I made autopsies also, and I may interpolate here that I once gave up a lecture to make a post-mortem for a gentleman who left his patient apparently moribund the evening before. On our arrival the patient was still alive, and, more than that, subsequently recovered. The doctor lost the patronage of the family, and never afterward arranged for an autopsy unless sure that it would be a *post-mortem*.

So, too, I assisted in surgical operations whenever and wherever I could get the chance, adjusting dressings, cleaning up, etc. etc., in short, seizing (without expectation of pay) upon every opportunity of the kind that fell in the way. In those days beginners were thankful enough for any chance to gain experience, in order to become qualified to practise satisfactorily when established for themselves. Things seem much changed nowadays. According to some recent reports it is not always safe to ask a "young doctor" to take care of a poor patient unless prepared to pay the bills. And, improbable as it would appear, not long ago a lawyer's dunning letter was sent to a physician at the instance of another practitioner who had attended a non-paying patient of the former during his temporary absence.

Some of my college classmates, fellow medical students, went abroad. I saw the advantage of such a course, but was not able to follow their example — fully aware that no amount of application at home would, at that time, give the prestige of a short residence in a foreign capital. Nowadays by its frequency, and by the increased advantages and the better teachings at home, this foreign service has become, in the way indicated, of much less importance.

Thus I held on, getting little but work and experience ; enduring a real “famine,” and *voluntarily* accepting privations such as young men of to-day would hardly credit were the half only told them. The experiment was indeed a severe trial in its daily demands on patience and fortitude, but it has proved of valuable assistance in inducing more appreciative views of human exigencies ; and its “sufferings” now appear supremely trivial beside the many tragical struggles for existence which the profession daily calls one to witness. It showed, too, that one if so resolved, or necessitated, can keep up appearances and live at as little cost in Boston as anywhere in the world.

After a while I could pay for a regular dinner, and obtained it of a worthy person, who, occasion-

ally a patient, kept a boarding house in a distant part of the city. This also daily gave needed diversion from otherwise strictly professional pursuits. The distance also answered the intrusive question why all the meals were not taken at the same place.

Once in a while an elder practitioner would send a paying patient — a valued recognition, much needed and gratefully received.

After a year or so I obtained what I had at first sought, a room on the street-level in Winter Street, becoming the twenty-fifth practitioner on that short street.

Just before I left Washington Street, a singular case happened in the house where I had my office. An elderly man, afflicted with rheumatic and swollen limbs, requiring, as he thought, frequent applications of liniments, had been bathed at nightfall with an unusual quantity of alcohol and spirits of turpentine. On the approach of an attendant with a lighted candle the whole took fire and enveloped his limbs and lower part of his body in a sheet of flame. Though the blaze was quickly smothered the shock was too great, and he died in great suffering not many hours afterwards.

In Winter Street quarters were somewhat better,

though plain enough compared with modern requirements. Here I lived in the house. I added to my furniture a plain book-case, which at an auction cost me a couple of dollars, and I arranged my cot to be turned up in the corner out of sight in the day-time, as I still had but one room. Here I remained until I removed from the city.

While I was on Winter Street, Dr. Hayward, taking a vacation of six weeks, asked me to remain for the time at his house and attend to his patients. Afterwards he generously gave me all the fees as they were from time to time collected.

President Quincy sent to me under-graduates who were required to "make up" studies during their vacations. For hearing their allotted tasks, which caused me to review my college studies, I received compensation which greatly increased my very small pecuniary income.

A word for the rocking-chair. When Mr., afterwards Sir Charles, Lyell, the geologist, first came to this country to lecture, I was temporarily curator of the Lowell Institute for my friend Dr. Jeffries Wyman, who then held the office. Mr. Lyell, who was a tall and undulating person, came to my office one morning, and, throwing himself into the chair, began to rock it quite violently. As he was

uttering the words "we don't have such luxuries in England," over he went, smashing the chair to pieces. With hearty roars of laughter he pushed the fragments aside, and continued his visit, sitting on the floor with his hands clasped about his knees. As long as he lived he never escaped occasional questionings in England about his experience in American luxuries.

I was now getting a little more prosperous. I had also by this time collected, mostly at auctions which students frequented, a few more books—new works and monographs of the day. Among these was the new Forbes, Tweedie and Connolly Cyclopædia, in four volumes, large double-columned 8vo., which was then thought to be so complete that nothing further would ever be required on the subjects of which it treated. Yet who ever hears of the work at the present day? But very few beginners, I imagine, then bought many books or set up large libraries.

For periodicals, I was permitted to join a Reading Club which took all foreign and domestic medical journals. Several physicians having large libraries offered the use of them. I was appointed librarian to the Medical College, which, besides putting my name on the annual announcement,

and giving at all times free entrance to the college, required me to take care of its rather limited collection of oldish works; to be present every Saturday afternoon to loan books to such students as wished to borrow; and to keep posted so as to assist searchers in their investigations. I was one of the earliest subscribers to Braithwaite's Retrospect, which began as a very small and thin duodecimo. Its first volume, which I received in advance, contained an abstract of a paper on "The Use of *Oil of Codfish* in Scrofula," setting forth most wonderful results. This paper came under the cognizance of an apothecary's assistant, who (having had a difference with his master and set up for himself) determined, on the strength of its alleged virtues, to try "*a run*," as he called it in telling me, on the article; little thinking, however, what a marvellous "*run*" it would become. "Cod-oil" was not a new thing as a medicine. I had tried it, but could seldom prevail upon patients to take any considerable amount of it. Newly started abroad, however, it was extolled and swallowed here *ad nauseam*. So much of the vile stuff did doctors pour down their patients' throats, and the people take of their own accord (for any and every disorder, after it had become fashionable),

that the price of "fish-oil" in the market soon went up more than five-fold. As an example of the extremes to which fashion may lead even educated practitioners, a plump and pleasing, hectic-checked young woman was pointed out to me at an assembly, by her physician, as an instance of restoration to flesh and health by taking, he said, "more than a hogshead of cod-oil." Extravagant language this, but not more extravagant than the reports of some of our most prominent practitioners at the time. The young woman died a few months after she was pointed out to me, in spite of the published cure by the "remedy."

Little is heard of it now, except in some mixture or emulsion to make it go down with the public.

But, if few beginners bought books, fewer still collected many instruments. Surgery then was not the comparatively easy thing, without ether, that it now is with anæsthesia; and not so many then aspired to become operators. I had endeavored to qualify myself for the surgical emergencies of a country practice, where one must rely chiefly on himself and be ready to act at once or suffer in reputation, if the patient did not suffer in life or limb, by delays attendant on obtaining a bolder if not an abler practitioner.

I had, of course, my common dissecting case. A German, Leitz by name, for some service I had done him, had made for me, while a student, several delicate instruments for sub-cutaneous tenotomy, and for strabismus, new operations in which, even thus early, I had become quite expert. One of my teachers gave me a scalpel, an Evans, with which I performed my first operation after graduation, and my last a short time ago. It has been a much-used instrument, "my good English knife," as Dupuytren is said often to have exclaimed, holding up a favorite instrument. I had free access to an instrument-maker's armament, in consideration of many suggestions I gave him. I had also a present of tonsilotomes from the designer, and, from the same source, an amputating case, all the contents of which, I am sorry to say, I was (contrary to prediction) obliged subsequently to use, even the long ten-inch double-edged catling, in an amputation at the hip-joint. The saw of this case was a common carpenter's saw, fine-toothed, for hard wood. It was selected by myself, and fitted up with an ivory handle, the teeth of ordinary surgical saws being thought too raking for dividing bones readily.

Of course, as I went on, I obtained such books

and instruments as were essential to immediate exigencies, but from the start I was often obliged to follow Baldwin's dictum • and use whatever came to hand as best I could. "A wooden *bicker* or bowl" for a compress in a desperate case, by a "rough and ready lad," is mentioned by Dr. John Brown, of Edinburgh, with high approval, in his "Locke and Sydenham," pp. xi.-xii. So, too, an iron spoon for a vectis, as used by a late member of this Society in an emergency, is worthy of commendation.

I had waited patiently in my Winter Street office, but at length the long-wished-for day came. While I was musing on hope deferred, and anxiously looking up a place, the fire was burning. Two of my former medical teachers, without concert or knowledge of each other's purpose, called upon me the same day and set forth the advantages of Roxbury.

I had long known its woods and pastures in botanical excursions, in which I collected specimens for the wild-flower corner of the Massachusetts Horticultural Society's weekly shows. From these gatherings remain some five or six hundred varieties dried and preserved, in suitable volumes, most of

which are now in the possession of one of our professional neighbors. Moreover, I was not wholly unknown to some of its prominent citizens, I had, however, strange as it may seem, never thought of it as a place of residence, but a walk thither (street railways were not, and stage fares were too much for the impecunious) soon determined the matter. One look was enough to take in the situation. In less than a week a location was selected, and a full practice begun.

Roxbury then had six regular physicians in active practice, and five or six more “doing a little something.” There were two irregulars also, one of big and one of little pills, together with several medicine venders of no great importance.

Among the first-named was an old practitioner, a thorough regular, who attended quite a number of the oldest families. He took a fancy to me, and gradually transferred these patients to my care. He had a pill, which he valued much, and which (though a formula of much older times) went by his name.

One day he hailed me in the street, and asked me whether I knew of his pills. I replied that I had heard of them. “Oh,” said he, “they are invaluable — just have a pocketful always; and

when people come to you with their long stories, and *you don't know what to do*, give them from your pocket" (suiting the action to the word and bringing out a handful loose from his own), "give them half-a-dozen of my pills, and that will do the work for them. *Always keep a pocketful* of them by you!" •

The fees then were very small, and, although a more expensive place to live in except in house-rents, it is a few years only since they were in reality raised to a limited equality with those in Boston proper.

As to getting about town, the main roads were pretty good for a country place: but the sidewalks were mere earth-paths along the travelled way. There were no curb-stones. The streets were not generally lighted at night; never when a moon was expected to shine. Lights on vehicles at night were a necessity, and lanterns had to be carried by pedestrians. Rubber boots had not been invented, and heavy, well-oiled cowskins were a burden in the mud of stormy times, and hardly kept the feet dry. South of Dover Street there were a few houses only. Tremont Street was a mere road, raised but little above the marsh, and for most of the way with only one house on it. It was lighted,

as other roads were, with oil lamps, few and far between ; and the lighting of " the Neck " with gas, years later, was a notable event. There were but few chances by the roadside to tie a restless horse, and I was one of the first to adopt the weight (now commonly used) invented by a brother physician, affixing an iron hook or snap instead of a buckle, the original means of its attachment to the bridle. The risks and fatigues of night-service can hardly be imagined by later beginners.

Roxbury then had about nine thousand inhabitants, but was beginning to increase rapidly in population. Now it is said to number more than seventy thousand. It was at that time, to me, a beautiful suburban town, not much less distant from Boston, in time, and not much more accessible than Worcester now is. Now it is, unfortunately, only a " Southern District," as the law calls it, of a large city, and subject to all the inconveniences of such a relation.

Of my practice in Roxbury, I may say here as well as anywhere, that it was very much larger than I had ever dared, for a moment, to anticipate for myself there or anywhere else. The result was due largely to the unsought and very cordial expressions of good-will and confidence of the Pro-

fessors in the Medical School, and other eminent medical gentlemen of the city, who had observed my course as a student, or had witnessed my solitary talent, if I had as much as that, namely, a talent for *work*.

This practice, at times too large for one person, I think I can truly say I was never unwilling to share with others, especially with younger men or new-comers, struggling in their first efforts to get a foothold. • I always felt impelled to this in remembrance of my own early struggles, and of similar assistance when most needed. For doing thus, all I ever asked was that the recipients should pass similar favors on their successors. I never expected nor have I ever received commission or personal favor in compensation. •

On the whole my practice, with such increase as naturally follows faithfulness to employers, was at first derived chiefly from new-coming residents, the patients of others voluntarily sent to me and from practitioners relinquishing business. Thus my success has been largely due to the profession's partiality; and I have tried to repay in some humble measure the great obligation.

My actual service has embraced all classes from the highest to the lowest; • and for many years

gave no time for rest, day or night. I never added up monthly or yearly *charges*. Generally, once a year, each patient of supposed ability received an enclosed memorandum of his indebtedness, usually not made out by myself; and he was left to pay at his leisure. A plea of poverty never failed to secure a withdrawal of my claim. Some, who should have answered, never responded; and thus arose the saying that I own several undivided shares of houses, paid for in part (if paid at all) by fees withheld when they should have been rendered unto me for services. Seldom, however, have I been thus overreached by any who have not similarly endeavored to wrong others in their several occupations. On the other hand, many in course of time paid, whose indebtedness I had entirely forgotten.

This plan of mine has worked well with other practitioners who adopted it at my suggestion. One can act independently if he does not know or remember that the applicant owes him money; and it is no harm in the long run to have many debtors for acts of unpaid kindness thus rendered to them. I tell young men to make as many such debtors as possible, thinking less of payment than of service.

As a whole, I do not suppose that a half of my

work for those apparently, but not always really able (not including "charity" or "dispensary" patients so-called), has received pecuniary compensation. The rich, too, often exact more than they are willing to pay for; still, one cannot be a very large-hearted practitioner who does not find out at length, in self-satisfaction at least, "how much better a half is than a whole"—especially the gratuitous or unpaid half!

The practice of medicine must be very disappointing to those who follow it chiefly for the acquisition of wealth. Whoever practises it in a commercial spirit debases the calling and degrades himself. As a French writer has truly said: "Medicine is the noblest of professions, but the meanest of trades."

Some classes have seemed to think they are entitled to a physician's service as a matter of course, though no reason can be given for it. Formerly, clergymen were considered such beneficiaries. One year I attended eleven clergymen's families, most of whom received larger incomes than myself. I felt constrained to exact payment of those not connected with local parishes. It is customary now, I believe, not to make even such exceptions. More than this, fees are now some-

times charged for attendance on brother-practitioners, or, if not charged, a liberal honorarium is readily accepted for such service. I never took a fee from a female teacher in our public schools nor often from males in the lower grades. During the war, I examined, gratis, the companies of recruits assigned to me. I also attended, as in the other cases alluded to without public or private announcement, the sick and the wounded officers and men from generals and admirals downward, and their families, without charge or compensation.

The greatest number of professional visits to separate houses I ever made in one day was forty-three (a few of the houses visited having more than one patient). It was one of the longest days of summer, and there was no time for rest, from early dawn to late at night. I once attended four births in different parts of the town, within twelve hours; between twelve at night and twelve at noon following. It happened to be a February 22d, and the three boys were each called George Washington, while the girl received the name of Martha. The mothers were unknown to each other.*

I had, indeed, a full share in obstetrics. On the first of January following the April of my coming

to Roxbury. I had on my list thirty-seven obstetric engagements. During the year following that date, I attended ninety-six cases; during the next, one hundred and fifteen cases; and so on, until I had a very large fraction of the whole number in the town.

This department was never satisfactory to me, nor do I deem it pecuniarily profitable, although the fee is considered large. If all the extra calls now usually demanded, and the wasted time were paid for, at average rates, without the lump-fee, the attendant's compensation would probably be greater than now; and the patient's family would not be so exacting of the physician when he was not actually needed.

I had been early put to my trumps in this department. When I had hardly finished my second year's studies, and when I had only imperfectly "assisted" by being present part of the time at two deliveries conducted by others, I was residing with a prominent Boston physician and was sent one dismal night to a distant residence to "keep the patient" until the doctor could reach the place, he being at the time in attendance on a similar case afar off in the opposite part of the city. The patient I was to "keep" was a young woman in

her first pregnancy, who had come from the country to a friend's house, to make purchases for the event, expected some weeks later. I had not reached the place too early, but on entering the reception-room I was plied with numerous questions, rapidly put to me, chiefly as to qualifications and experience. While I was getting "very red because so very green," I put myself on the negative defensive; I would not force myself upon them; nor stand in the way of any other arrangement; I was sent to save them from any mishap, and probably would not have been so sent if thought incompetent. I added that I had no objection to their sending for another practitioner (inwardly I wished they would do it), but would remain only until they had procured one to their liking. Meanwhile a conference was going on, aside. Their messenger had left. The darkness and storm outside were appalling. In their ignorance of their professional neighbors, a hap-hazard choice might be worse than taking the one present, who, at least, had their own doctor to fall back upon. At this point, the urgent calls of the nurse interrupted their conversation; and I was hurried up into the patient's room. Suffice it to say that all went on happily, and I reached my friend's house at early dawn, before he himself had

returned. I had told the family that the doctor would visit them during the day, but they replied that there was no need of two physicians in the case, and wished me to continue attendance. Accordingly the doctor drove me to the corner of the street, and waited for me in his chaise while I visited my patient. This he repeated as the case required. All this happened in one of the doctor's "first class" families. He never saw the patient, but he charged and received a "first-class" fee. I had the experience. •

Before the idea was started that puerperal fever may be communicated, I was once in attendance on four cases of this disease (two, however, not until the fever had begun), while at the same time I attended eleven other patients without any injury to them. Once I attended a patient in the next bed to a puerperal fever case, and no harm resulted, both patients having the same nurse. In an epidemic of this affection (there have been such, and probably such will again occur) I have seen cases clearly indicated days previous to delivery. If ever a consecutive number of cases of this disease occurs in the practice of one physician, while none appear in that of others, the same is

true of other diseases. For instance, I have known this to happen with scarlet fever, where "carrying" by the attendant was out of question, as he went to the patients only after the disease had manifestly revealed itself.

In fact, in spite of what non-practising theorists allege, I have never known of a case of this affection to have been unmistakably carried by an attendant, however much exposed he himself may have been. Various other theories explain such matters much better, if we cannot acknowledge our ignorance. Epidemics will prevail, and often confound the wise by their strange and unusual courses. The same may be said of all the portable diseases, so-called. Thus it seems to me, and I have had some chance to learn of these matters at home and abroad. At any rate, the unnecessary alarms, so often causelessly raised, are more damaging to a community than any such portability was or can be. Witness, on a large scale, London's ordinary amount of scarlet fever, sensationally misnamed "raging,"* the recent call for "red flags" in our own neighborhood, and the present "fright" (as we may now add) in a country place in another part of the State, where with less than a score of cases in four thousand inhabitants, according to the

papers, "the town is greatly excited, and the authorities are blamed for not being more active in checking the spread of the disease." It is hard to be reconciled to the inevitable, the unavoidable—somebody must be blamed. Are not such procedures retrograding for an "enlightened age"?

Of the incidents and experiences befalling me after settlement in Roxbury, some were certainly peculiar, others of a somewhat serio-comic character, of which one or two instances may be given in illustration.

I happened to take with me Desault's apparatus for fractured thigh. The reputed surgeon of the place (Dr. F. Brown), who was on the point of removing from town, often made me friendly visits. Seeing this apparatus one day he declared it to be perfectly superfluous; that I had better make firewood of it at once; that there never had been but one case suitable for it in the town, and that this case was hurried off to a hospital before a local doctor could reach the place of the accident.

A few days only after these remarks two cases of fractured thigh, within twenty-four hours of each other, occurred hardly a stone's throw from my residence. The one required my Desault, the other

all the wit I had to construct suitable appliances from materials at hand.

An amusing incident occurred in connection with these accidents. As a large and full omnibus left its station, at the head of it sat a consequential individual, a self-constituted "boss" of local matters and a would-be magnate of the town and vicinity. Overhearing a passenger at the other end of the vehicle relating the affair as they passed the place of the accidents, he loudly called out in a rough voice, "*Who'd* you say attended them?" On being answered "Dr. Cotting," he again exclaimed, "Dr. Cotting! who in hell is he?"

I took the first opportunity to render a gratuitous professional service to his family, that he might recognize me as a near neighbor, call the place in which we lived by whatever name he chose.

My extemporary apparatus, somewhat improved upon and used afterwards in preference to any other, I published an account of in the *Medical Journal*,* and, as a supplement, a description (both with wood-cuts) of a "fracture-bench," so called, devised for his son by Dr. Monroe, a member of the Norfolk District Society.* Subsequently in repeated instances I found this "bench" easily set up and very useful.

The following season, on a Saturday afternoon, a master-mechanic, a very large and heavy six-footer, exceedingly muscular and strong, dislocated his shoulder. His physician made half a dozen or more attempts to reduce it. The patient suffered much, and roared lustily in the process. The parts became very sore and he very impatient, calling loudly for other assistance. I was stopped in the street by a messenger and taken to the place. I was told by the medical attendant of the attempts he had made, and that I might try my *luck* if willing. The extension made had been irregular and spasmodic, and I noticed a failure to fix the scapula.

Attending to this latter point, and putting several strong men on the arm that the extension might be slow, steady, and relentless, in less time than it takes to tell of it the reduction was effected, without apparent pain to the patient. Shouts went up outside from the crowds of workmen (it was pay day) and others gathered in the street, who, thus and otherwise, quickly noised the event throughout the town. On my leaving the patient in his hands the doctor remarked that his previous efforts had probably relaxed the parts and rendered the operation easy for me. I accepted the explanation, but he never forgave me for my success.

A few weeks later I reduced, by pulleys, a dislocated shoulder of several months' standing; then, without ether, a difficult not to say somewhat hazardous operation. It was deftly done, but I never heard mention of it outside the house wherein it occurred. So disproportionate, often, is fame to the merit of the service performed.

With such a start it is needless to say that for years after I had all the casualty surgery of the neighborhood that I was inclined to undertake. The building of the City Hospital brought a great relief to me in this laborious and generally ill-requited work.

On the union of Roxbury with Boston, even before its full consummation, I was officially offered the place of attending surgeon in the hospital; again a year or two later, and once more after that: *thrice*, and thrice I declined. I have been accused of unwarrantable ambition. "Was this ambition?"

I have, however, held the position of consulting surgeon to the hospital, an honorary office, for now nearly twenty years.

I could tell of a register case, a true story; but strange, in faith more passing strange than the fiction on which Mr. Howells founded his popular little drama of that name. It was in short, an

unwarranted fabrication by a listener at a register, who “didn’t hear the consultants say anything about the patient!”—though the case had been properly considered and for it a course of treatment agreed upon which proved successful. But for a little forbearance on my part the story and the unavoidable defamatory inferences might have become a serious matter to the listener.

For some time before and nearly up to my day the art of medicine had been in a rather quiescent state. Diseases had been classified and named; and tolerably well defined methods of treatment had become authorized. There was, indeed, an ever-recurring similarity in these methods for the several diseases. If polypharmacy prevailed, it was polypharmacy according to rule. Given a disease, “a course to steer by” was pretty well laid out. No sick man ever escaped it. Nor, for that matter, did the well fare much better, if they wished to have health assured to them. Venesection, and other prophylactics, were resorted to as the several seasons came around. But the taking of “spring medicines” was thought obligatory on all. Draughts, emetics, and cathartics, were apportioned out to adults with a free hand. Sulphur, with cream of tartar and molasses, was periodically ad-

ministered to the young; while a new-born infant was not considered fully prepared for life's journey until its stomach had been filled and emptied by a potation of molasses diluted with the vesical secretion of the first youngster that could be secured for the purpose.

Then, too, a doctor's call meant something. An emetico-cathartic inevitably followed the first visit, no matter what the disease might be. No wonder the coming of a doctor was dreaded in those days. But the practitioner then had one advantage—his course was plain. He was called to *do something at once*, and he generally did it. If after that he could only be sure of his nomenclature, his subsequent action was equally simple and marked out for him. “Tell me the *name* of my patient's disease,” said a young doctor who had just then pitched his tent near mine, “and I shall readily know what to prescribe for him!” In all this the practitioner's course was simple and easy. He had to be “heroic” only, with the lancet and heavy doses, and his responsibility was cancelled. If successful, he had been lucky in hitting upon the right medicine; if unsuccessful, it was the patient's misfortune, the fault of the stars, perhaps, but not of the remedies, so-called, nor of the attendant if

his treatment had been sufficiently tumultuous. But, alas, for the cautious or unheroic practitioner. His failures were accounted no better than homicides, if not indictable.

But medicine was not wholly at a standstill when I began its study. New investigations, new methods, and new doctrines were enlivening its followers. Auscultation told a new story of the chest to those who had ears to hear. Peyer's patches had begun to show themselves. The numerical method was in full discussion. Louis and his followers were loudly proclaiming the results of his observations. With some, observations were everything; to number their details the chief object and end of science. •

But the greatest demonstration of the day, one destined to revolutionize ideas in the treatment of disease the world over, and for all time, was then promulgated to the startled profession. That a fever sometimes would have its run was generally admitted, but that self-limitation is the rule in most, if not all diseases, was a doctrine the profession was not prepared for. •

For what reason I know not, possibly a "philosophical tendency" sometimes attributed to me, I hope truly, I inclined at once to the new doctrines,

and even went a little further. Young in medicine as I was, I ventured to ask, if disease be self-limited and medicines will not arrest it, why dose it at all,* except to make the patient more comfortable, and if possible diminish his risks. I sought, therefore, for opportunities to observe disease, undisturbed by medication. Fortune favored me.

One of my companions was a student,* who, previous to taking up medicine, had resided a long time in Germany for other studies, and was a thorough German scholar. Coming home, he had brought with him as curiosities, original publications of the author and followers of the "New System," as it was called. This was beginning to tickle the fancies of unstable heads hereabouts, both in and out of the profession. My friend (who had now abandoned his previous occupation and begun the study of medicine) became interested in "the system," and I shared his interest. By his aid we could study its pretensions from first sources. Together we tried its efficacy. Then we tried parallel cases, and we soon found that for every case in which he could show recovery under its methods I could produce one equally successful treated without medicines. We gave "the system" a fair trial, but both of us soon became convinced

by our actual experiments that there was literally *nothing* in it—nothing in its dogmas or its therapeutics. Nature was as fully capable, we found, to cure diseases without as with its assistance. It is unnecessary, perhaps, to add that neither of us became a convert.

When afterwards the practitioners of this “system” were asked to leave the Massachusetts Medical Society, I advocated, for the sake of argument, the society’s allowing the *practice*, without committal to its doctrine,—the making a trial of its merits in practice as I had myself done, and as the Society had advocated with other new plans or medicines. It would give, I argued, the regular practitioner a number of elegant placebos. My proposition met with decided, almost furious opposition from men who declared emphatically that *they never* used placebos; that to use a placebo was a detestable imposition. Yet these men admitted that they used doses of a few drops of spirits of nitre (unmitigated placebos) in typhoid fever! They then advocated expulsion, but years afterwards counselled leniency lest “persecution” should “increase the popularity” of such practitioners who, with some others disaffected, had now become active and obnoxious disorganizers in the Society. •

There can be no greater mistake than to attribute modern mild medication to the partial success of this baseless folly. This last was a reduction of the former to absurdity. If local tradition and gossip of the day at the place of its origin were correct, the "hayseed pellets" were suggested in derision of the ptisans and gum-syrups of eminent French practitioners, and the "*system*" was devised afterward when its author, to his great astonishment, found that his satire was taken for new science by the sapient public. The "system" now exists in name only, to attract the fanciful and the ill-advised. Its theory and its treatment receive no support from scientific men. Its recipients swallow its pretensions and its pellets with wondrous simplicity, not knowing the import of its name even. When cured under it, nature cures them. Seldom, however, do such patients escape, even at the hands of their own special attendants, the "regular" doses they so often denounce. If there is anything in the "system" now it would appear to be polypharmacy in form at least. In fact, these practitioners for years past have seemed to be the dosers of the day—requiring their patients to take "*something* every two hours."

It has been rather amusing, as time has rolled

on, to hear my dissent to such doctrines and practice attributed to prejudice due to ignorance of the whole matter, when probably, with my friend, I had tested the subject by rigid experiments more fully than had all its boastful pretenders hereabouts put together.

As for personal experience, during pupilage I took care of unnumbered cases of measles, and scores of patients in scarlet fever without medication; banishing, no easy matter, hot saffron and similar teas, the then usual resort in such cases "to bring out the eruption," and allowing abundance of light, air, and water, then so often denied the sufferers. Many cases of typhoid fever were also entrusted to my management, and many were the undeserved compliments I received for skill in medication which had been successful by omission.

Not many years ago there was a severe epidemic of typhoid among the gentry at the west end of London, with numerous cases and many deaths. As the dwellings were faultless in construction, drainage, and water-supply, and, as theorizers must have second causes, the milk-supply was charged with the introduction of the fever. The milk was of the best character, and from faultless farms

especially selected for these people. A man had died on one of these farms a short time before, but his disease had not been even suspected to be of a typhoid character. The story fabricated out of his death, ill-founded as it seemed to us, was sufficient to satisfy the demands; but the assumption is said to have cost the companies over sixty thousand dollars, without utility. Nevertheless, milk is still taken by everybody, in England as well as in other countries, and epidemics continue to break out where they cannot be attributed to it, or to any other discoverable cause. Thus epidemics will occur when and where least expected.* They have always done so, and probably ever will continue, in spite of the “authorities called upon to suppress them,” to the end of time, or until the limit assigned to them in the course of nature.

A most eminent zoologist once gave in detail to an equally eminent mathematician the conditions of existence of a parasite, its manner of reproduction, its rise, its residence in different “hosts,” the dangers that beset it throughout existence, etc. etc.,—and the mathematician *calculated* that, by the doctrine of chances, the creature could not be reduced to extinction. From this there would seem to be but little probability of our being able

to “stamp out” disease by destroying its microscopic or invisible causal or attendant organisms, by means of “germicides,” or by a proclamation of the sheriff, while we fail in ability to exterminate a tape-worm or an acarus, or any similar visible monster. Is it not more than probable that disease, like other created things, will leave the world, if ever, as the ancient saurians did or the dodo in historical times, only *in the course of events*. •

I early had experience in two severe epidemics of typhoid: one during pupilage, and one just after graduation, the latter when acting *locum tenens* while the resident physician of a large village took a vacation. The outbreak began just as my friend was leaving, and continued until sometime after his return. By his books it appeared that the disease had occurred in over seventy houses in our circuit. No cause for it could be assigned. Other neighboring physicians were equally occupied, in their villages, and I was fully acquainted with their treatment. My own methods were generally acknowledged to be at least as good as theirs; and I had not used active or perturbing medicines. Their measures were generally of the more “heroic” kind. I saw one of their patients taken out of a wet sheet, “a cold pack” as it was called, —dead! The fever had been broken up.

In an epidemic of typhus fever, some years later, and among immigrants chiefly, I took care of three hundred and seven cases without administering drugs. Thirty-one died, or about one in ten. In the same epidemic and in the same class of people, at Ward's Island (where the commissioners declared in their report that the "practice had been among the most successful,") there were two thousand and nine cases, with four hundred and twenty-seven deaths, or more than one in five. This was noticed by officials nearer home, who publicly reported, in print, of my cases that "it was apparent that the mode of treatment must have been judicious and skilful from the small number of deaths which occurred." •

Moreover, in this epidemic, another point was noticed; some of the attendants were attacked. (Of these, where the onset was of the severest character, even to delirium, there were instances of rapid abatement and of convalescence in a few days, the disease having been "broken up" by non-interference.

Before I came to Roxbury I had practised venesection so often for other physicians that its performance was to me an insignificant matter, yet so thoroughly had I become convinced of its use-

lessness, or harm, that I did not bleed in the first case of pneumonia, here coming under my care. The patient was a man of standing and influence. I suffered much anxiety during his illness, for I well knew that if he died I should be unsparingly denounced by practitioners and laity, and perhaps be obliged to leave the place. Still I resolutely did as I would be done by. The man recovered, with less damage apparently than is usual in such cases. I have never bled in that disease since. Moreover, the influence of this case, with other similar cases, was surprisingly marked on the general practice of the neighborhood. Practitioners hereabouts soon began to learn that milder measures and less disagreeable doses, matters which I often advocated at our Medical Meetings, are quite as effective for good, and deprive the sick-room of much of its discomfort and dread.*

The matter of dietary for the sick has always had a conspicuous place in medical teachings. To order this aright is more than half the physician's beneficial task. Hippocrates says that the Art of Medicine would not have been invented if the food and drink of those in health were proper for the sick.* Rules without number abound, but most practitioners are fully aware how

inadequate such rules often become. Patients will frequently reject all offered things, yet (as it were instinctively) demand articles of food or drink of, seemingly, the most *improper* character, but which, when allowed, unexpectedly prove beneficial. Every one has seen or heard of such cases. I have had my share of them. Not to speak of adults who, with the sorest mouths and almost moribund, have taken down raw brandy with relish and restoration, or the gulping down goblets of milk with benefit when the rebellious state of the stomach and looseness of bowels (inflamed and probably ulcerated) seemed to consultants to contra-indicate any such allowances—not to allude to these,

I was once in attendance upon a three-quarters weaned infant, in the beginning of its second summer. It was wasted to a shadow by cholera-infantum and inability to retain any kind of prepared food or even breast-milk. Its death was hourly expected. Sandwiched between two small down pillows, it would not allow removal from its favorite position on its mother's shoulder. Famished herself, the mother was prevailed upon to go to luncheon thus encumbered. On the table there happened to be a hot, steaming, and fragrant boiled ham. The

wretched little patient made evident signs for the ham. In their perplexity the parents sent for me. On witnessing the child's unmistakable efforts, I cut off a piece of the ham and put it to the infant's mouth. All its energies seemed at once aroused; it tried to clutch the morsel; its eyes glowed in their sunken sockets, and its whole frame seemed to be agitated with extraordinary delight. In a word, it was life to the dying. For days it lived and thrived on the juices of ham. Gradually leaving this for breast-milk and other food, it ultimately recovered, to full flesh and health.

It is often worth while to try the sick with seemingly irrational articles of diet. I have frequently done this with apparent advantage; sometimes adding—to impress my purpose, and in self-defence—better is a pine shaving taken with avidity than a fragment of stalled ox aversion therewith.

About the time of my pupilage, surgery was thought to have reached a pretty high degree of perfection. Some of its ablest men had gone, but many remained. I do not call to mind any startling innovation or radical change. The subcutaneous division of tendons was for a while much talked of, but a “run” in that direction did not promise a

great deal, for as one of its principal performers, who really seemed to have foundation for his remark, said in my hearing, that he did “not see why, in God’s name, all deformities occurred among poor people.”

The great revolution in surgery came not long after, on the *accidental* discovery of anæsthesia. I call this an accidental discovery, though in fact it was rather the accident of an accident. An adventurous dentist happened to have a nervous patient, who wished a tooth extracted but failed in courage at the critical moment. The dentist, out of patience, sought for something to engage her attention while he could seize the tooth. He applied to a well-known chemist for a gas-apparatus to serve as a *ruse*. The latter, as the dentist was leaving, called out in a nonchalant manner, “why not try ether, that’ll put her to *sleep*.” This was more than the dentist asked for, but it did not suggest anæsthesia, and there is no evidence that *at the time* either of them was contemplating a *painless* operation. That point was not in question. Control of the patient was the only object then sought for. With his forceps on the tooth the dentist would finish the operation, no matter how *painful* it might be.

Now sulphuric ether was then well known to

chemists, and taught by them, to be capable of producing "a degree of intoxication when its vapor is inhaled by the nostrils," but taught always with the caution that "this may prove dangerous or even fatal." Our chemical teachers, this very chemist among the rest, had annually told us all this, for I quote their very words. How much the dentist knew of ether is uncertain, nor is it material, but heedless of consequences, he at once obtained some, tried it upon himself, and *slept* a while, unharmed. Thus far a chance-word had had its effect. Had the dentist known as much as the chemist was supposed to know, perhaps he also would have thought such experiments, as his own upon himself, too "reckless," as the chemist called them, and the discovery would not have then been made by him.

Again, a fortuitous occurrence, the turning point in the whole matter. By good luck the dentist's next patient happened to be one (and we have since known not a few such) to "go off" without a struggle on the very first inhalation. This was a lucky chance indeed, for had it been otherwise, the whole thing would have failed. The agent was administered. In a moment the patient, to the untrained eyes of the operators, seemed to be expir-

ing, apparently *in articulo mortis*. The dentist, startled but not demoralized, immediately extracted the tooth, to have something to show for his venture. The patient, reviving as quickly as he had succumbed, declared that he “knew nothing of the operation and had *not suffered* pain.” The astonished dentist, controlling his emotions, at once obtained an attested written document to that effect; and immediately sought to have his discovery confirmed by others whose authority would not be questioned. Thus a succession of chances produced a glorious result.

These facts, and they are the *facts*, should not detract from the honor due him who so quickly seized upon the offered boon, had it thoroughly tested, and made it available to the world. Therein was the merit, and the whole of this was his and his only; and he should have the credit of it.

All these things I was personally cognizant of at the time. Most of the parties except the dentist, who was previously unknown to me, were among my intimate friends or relatives; and while I dwelt near enough to know all the facts in the matter, I was fortunately far enough away to escape being involved in the controversies. I knew the chemist long and well, and, I am as sure of it as of my own

existence, that without the dentist, or one like him, this discovery would not then have been made. When asserting his claims before a body of scientists, the chemist was asked by an eminent savant (who had just come among us, and happened to be present) “doctor, did you make one leetel exper-i-ment?” The chemist hesitated; but on a repetition of the question was obliged to confess that he did *not*. “I think it would have been better, doctor, had you made one leetel exper-i-ment.” Therein was the gist of the whole matter!

That one who had never made an experiment in that direction, and who at first had, with an emphasis and rightly, disclaimed all connection with it, and had denounced it as “a —— humbug,” should have, so soon after its success was known, claimed the merit of the *whole thing*, is sufficiently surprising; but that a foreign practitioner, who had subsequently merely made use of a kindred agent, a deadly one at that, *brought to him by another* person, should have the effrontery to appropriate to himself the whole credit of obtaining true anæsthesia, and to accept civic and other honors in return for such meritorious achievement, is almost passing belief. A well-deserved and withering castigation at the hands of the ablest of

Boston physicians almost took the life out of the victim, and made the friends of the trickster writhe. • They should now cease to worry his manes with undeserved laudation.

Of the great changes in surgical practice effected by anæsthesia there is no need of recital here. It has not only enabled the performance of many and formerly impossible operations, with ease and safety, but has wholly altered the manner of operating. Sometimes an old operator becomes impatient at the slowness of the procedure, and longs to take the knife and finish it with a stroke.

The first experiments in this country with chloroform were made at my house, by the chemist above spoken of, who had received the article from Edinburgh, only a few hours before. He, himself, administered it to several then present, one of whom experienced alarming symptoms. In the present knowledge of its deadly character, the wonder now is that a fatal result was averted.

There has been another, milder, and more recent sensation which has not wholly subsided. I refer to Listerism. That there was need enough in some foreign hospitals, possibly in our own, though I cannot think it, for a cleaner management of wounds and wounded persons, and for less objec-

tionable dressings, no one need be told who had visited them in days gone by. But the opposite extreme does not seem to have been called for; accordingly, much of the original trumpery and complicated processes of the new scheme have been abated. Less cumbersome dressings have been adopted. The foul smelling agents that were first considered essential have, it is said, been abandoned by their originator, as harmful or even dangerous, while it is sought to sustain the "principle" by other more agreeable and less pernicious substitutes. The *London Lancet* of December 31, 1887, in a review of the past year, rather gently says, "Both the spray and the gauze of the Listerian method are now rarely seen. That this is a gain who can doubt?"

If, as of old, simplicity of dressings, cleanliness, proper chance for exit of secretions or accumulations (and it is difficult to understand even now, why the thread of a "long suture" so much inveighed against, soft and flexible as it is in the moisture around it, is not as good a conductor for drainage as a tube many times larger, and liable to become rough by erosion, etc., and, where there are no long sutures, a dependent point left uncompressed will ordinarily answer all needed purposes)

—if these things, with rest and support of the parts involved, are thoroughly attended to, there will be less need of the harmful measures and agents even now advocated, whatever may be the accepted theory of absorption or infection. A few years ago the true principles and methods in the care of wounds were well set forth by one of our members • before the Massachusetts Medical Society, in a paper which the late Surgeon George A. Otis, United States Army, compiler of the “Medical Memoirs of the Civil War,” highly approved of and supplemented. •

It has been said that every surgical aspirant must invent a splint. Without ever having been such an aspirant, but having “a mechanical turn of mind,” I have used half a dozen or more constructed by myself, or adapted for simplicity or availability. Accounts of some of these I published; mention, however, should be made of the great value of splints constructed of pasteboard, or thick paper strengthened by thin strips of iron, • a suggestion of the late Dr. Ira Allen, a much lamented member of this Society. They are easily made, are very firm, and exceedingly light, so light that the patient hardly recognizes their application. I have made and used dozens of them. They are susceptible of

any kind of shape or twist, being admirably adapted, for instance, to fractures of the elbow, of the patella, Colles's, and even to fractures of the neck of the thigh bone—enabling the patient to sit up, to be moved about easily, with freedom from most of the usual restraints enjoined in such injuries.

When I began, bandaging was a complicated and cumbrous matter, difficult for the attendant and a burden to the patient. For example, the regulation bandage for fractured clavicle required three rollers of nine yards each and a large axilla pad, the application of which was a severe test of a student's adroitness and proficiency in the art of bandaging. I tried many schemes to get rid of some of this, and to find simpler and equally effective methods. Naturally, I was pleased with the handkerchief bandages of Dr. Mayor, of Lausanne, of which he had published an account; and I obtained many useful hints from his very practical suggestions on extemporaneous treatment of accidental and other injuries. His two-handkerchief arrangement for fractured clavicle was an immense improvement over the cumbersome affair mentioned above.

I have also altered if not improved a few minor operations, and originated one which seems at

length to be finding favor in the profession. • It is founded on a new principle, and promises uniform relief from a very troublesome and disabling affection.

In a pecuniary point of view surgery has not much to recommend it to the general practitioner. Occasionally a large fee is heard of, but the average is small. Surgical cases occur mostly among laborers and the poor, from the nature of their employments. Personally it helped me in a marked degree in a somewhat peculiar manner. He who dosed largely was considered the bold man, the “heroic” practitioner. No matter how small the dose, I have never been accused of *fear* to give a larger, or of want of heroism. My surgical boldness, such as it was, effectually precluded such a charge! . . .

In 1848, I went abroad to see how much better they order these matters in foreign lands. My famine was over. I had repaid to my over-generous parents the cost of my professional education, principal and interest; and had laid up enough to authorize the proposed outlay. . . .

It was a year of revolutions. We were in Paris during many sanguinary *emeutes*, and the four

days battles of the great insurrection, seeing enough of fighting and military surgery. I passed several months in attendance on the services of the noted men of the time, in the hospitals and elsewhere, and then visited some of the principal medical centres, on the continent and in England. . . .

In 1860, I made a more extended tour, through Spain, * and eastward as far as Constantinople and the Black Sea. . . . Desirous of acquiring some little knowledge of people in the ordinary exigencies of life, in their homes as well as in public institutions, in most of the places I visited I sought opportunities to see private patients with some medical resident, and this of course in addition to the ordinary sight-seeing and routine of most travellers. Thus in Rome, after having *done* the city even to a fearful descent into the catacombs, I became the guest of Dr. Valerj, medical professor in the University. Through him a door was opened to things not usually accorded to strangers. He showed me hospital and private patients, and the medical collection of the College. One of the latter was rather unique, representing the fingers of the operator passing into the abdomen through the walls of the gravid organ at term, in an attempt to dislodge its contents! Through him, too, I was made a cor-

responding member of "*l' Accademia de' Quiriti*," a then prominent Society of all sciences.

When in Rome we had an opportunity to witness a "real miracle." Some thousands had assembled in St. Peter's, to assist in the canonization of a saint. Many hundreds of candles had been lighted and the illumination was at the point of completion, when a very long ladder slipped from the hands of the workmen and fell diagonally across the multitude. The impending fall had been noticed in season for the crowd to divide, and to let the ladder come crashing down without striking any one. As soon as the appalling murmur of the terror-stricken mass had somewhat subsided, an official jumped upon a seat and loudly proclaimed that no one had been injured. To the Pope, who came in at this moment, the circumstances were explained and the story of the wonderful escape told, to his apparent great satisfaction. The ceremonies proceeded without further delay. The next evening, as we had predicted, an illuminated broadside appeared attributing the complete safety of the people to a miracle of the new-made saint. Dr. Valerj, however, whispered in my ear that he himself had that day attended three premature deliveries directly attributed to fright and shock

from the accident!—but that how many more there were he had not heard.

At Naples I was present at the daily evening deposit in one of the three hundred and sixty-six pits in the Campo Santo, the all-gathering receptacle of the city's dead poor. After a look into Herculaneum, a walk about Pompeii, and an ascent of Vesuvius, then active on its sides and not very indolent on top, we went on, stopping a few hours at Messina and Malta, to the Piræns; and thence to Athens by the *Skele makra*, or at least where they should be.

At Athens I was under the special charge of Dr. Roeser, the Queen's personal and household physician, who was ever at hand and constant in his attentions. He took me to the Royal Medical Society, where I was called upon to talk of ether and chloroform, and other subjects of interest at the time. A few days later the venerable Rev. Dr. Hill told me that my "assistance" and remarks had been very kindly received by the Society, which proposed to make me a corresponding member, and that the diploma would probably reach America before we did. •

One day there was a sham-fight, and the taking of a fortified place just out of town, in which all

the available troops were engaged for the sake of practice. This was led by the King and Queen, the Queen riding at the head of the attacking party. An officer of high rank, injured by his horse's fall into a pit, was brought to a tent adjoining the King's pavilion. Having been taken there by Dr. Roeser to the injured man, surrounded by their Majesties and high army surgeons, I was requested, at the Queen's intimation, to make an examination of the case. I did this and made a report, which, corresponding to the diagnosis already made, seemed to give general satisfaction. I then went with Dr. Roeser to the officer's home to announce to his wife and family his condition, and to prepare for his reception.

At Athens I saw several Greek patients, also through Dr. Roeser. One of these, a peculiarly sad-looking girl in typhoid fever, seemed very much pleased with my attendance. As, at my suggestion, Dr. Roeser omitted medicine for a day or two, the family were subsequently inclined to attribute to me her restoration to safety and health. . . .

At Vienna I went through the usual rounds, wondering, as I went, how careful and painstaking for science, "how careless of a single life." I once

saw there an eminent diagnostician literally almost turn a man inside out for a slight external ailment—examining every organ, cavity, and function, *ad absurdum*; till I could not help saying, as an old neighbor said to me of another's practice: "I would rather trust old dame Natur unaided, and let disease have its own way," than undergo such a diagnostic preliminary investigation. . . .

Omitting many things—I must not forget the supremely cordial attentions from Dr. John Brown, of Edinburgh. Never was a kindlier reception afforded any one. "Auld Reekie" and New Town, and all in and about them, he would have us see and know; and his delightful talks made the visit most charming. He has recorded my call on him, in his old quaint way, in "Spare Hours; Second Series," page 328:

"I was greatly pleased when Dr. Cotting, of Roxbury, came in yesterday and introduced himself to me by asking, 'Where is Dick?' To think of our Dick being known in Massachusetts!"

Nor must I omit mention of my very pleasant call on the veteran, Dr. Stokes, at Dublin, and my visit to Meath Hospital. If the full allowance to the forlorn mortals there could be called "feeding," the wonder was what low diet would be. Meagre

soups or broths may possibly be high living for poor wretches who naturally, as a professor once said to me, "never see a bit of meat from one year's end to another." •

In 1865, when in Brazil for other purposes, • I visited hospitals in various places. The principal, Casa Misericordia, at Rio de Janeiro, especially in its newer portions, was a model. Its wards were arranged around pleasant and shaded court-yards, delightful to those in bed, as well as to the convalescents resorting to them. It was notable, also, for its high ceilings, with windows from the floor upwards; for absolute cleanliness; for the pleasing arrangement of its white-covered beds, with their red blankets rolled into cylinders at the foot-boards. The medical attendants seemed fully posted in all the latest science of the day, and were very considerate to the sick in their charge.

The Dom Pedro II. Hospital for the Insane, at Botafoga, is worthy of all praise. Our first visit there is fully described by Mrs. Agassiz in her "Journey in Brazil," pp. 80-81, where also a picture-page gives a very good idea of its situation and the surrounding scenery.

The Brazilians were then at war with Paraguay,

and the Emperor, ever on the lookout for medical, as well as other scientific matters, called me to his palace to discuss with him anæsthetics and other methods of care for sick and wounded soldiers in the field, naturally supposing that our long Civil War had taught something in such matters. Recollections of these discussions undoubtedly led His Majesty, when in Boston, eleven years afterwards, to name me one of the seven he asked to breakfast with him. With this in mind, also, he was induced to wait over a day in order to attend the annual meeting of the Massachusetts Medical Society, and, contrary to his usual wont, to accept honorary membership in the Society.

And here I would introduce an anecdote of my friend, the late Dr. Wucherer, of Bahia,—an extraordinary linguistic scholar and learned physician :

When the yellow fever raged in Bahia (a few years before I was there), to aid helpless sufferers and to quiet the people, Dr. Wucherer took yellow-fever patients into his house, and filled his grounds with booths and tents for those who could not find other shelter. For all this nobody thanked him ; while some called him foolish for so doing.

A few seasons afterwards, an Austrian ship-of-war anchored in the harbor. A sailor, on shore by

permit, became ill, and the ship's surgeon having named the disease yellow fever, Dr. Wucherer was called in consultation as an expert. He found the surgeon in error, but, to save him from disgrace, allowed the name to stand, and kept the patient under treatment and isolated until after the ship sailed. The surgeon was commended for his prudence, and Wucherer for his skilful services.

Months afterwards, when the affair had entirely passed from his mind, Dr. Wucherer was summoned from a social medical meeting by an official, to receive into his own hands the heavily-sealed credentials of Knighthood from the Austrian Government! The ship's captain had reported him as having probably saved the ship's crew from the dreadful disease.

He was accustomed, facetiously, to say of the whole affair, that "for serving the sick and the public at the supposed risk of his family and himself he got nothing but reproaches, but, for *acting out a fractional white lie*, he was knighted!"

Returning to America from Brazil by way of Europe, then the only direct way, I visited the great hospital of San José in Lisbon, where the ship made a stop for supplies, etc. I saw there, among other curiosities, an apparatus for the pre-

vention of ante-mortem burials,—a series of rings for the fingers and other attachments, operating, on the least motion, upon bells in a guard-room near by. Only once had an alarm been given, and then in a doubtful case, wherein death was indubitable on the following day.

On the evening of December 31, 1839, I attended the opening of the Lowell Institute of Boston, “assisting” Dr. Jeffries Wyman, its curator. In like manner, and for like purpose, I often went to the lectures. One season, I had the full charge during my friend’s absence abroad. On his resignation in 1843, I received an appointment to the position which he had vacated. It has been a good thing for me in many ways—not the least in saving me from becoming a stereotyped example of my profession. No stranger—and I have met with many—ever, to my knowledge, “set me down” as a doctor of medicine from characteristic manner or conversation. • One often needs a stimulus to keep him out of the ruts of his calling; “bayonets behind him,” as an eminent lecturer said to me not long ago, “to drive him out of routine tendencies.” • Besides, it gave me some acquaintances of inestimable value. To it I owe the ever-continued

and confiding friendship of the late Prof. Louis Agassiz. He always, to the last, made my house his resort for rest from the labors and anxieties of his multifarious enterprises and schemes—one time remaining six weeks or more. He, with Dr. A. A. Gould, gave my home its name, • and always manifested great affection for it and its inmates.

In 1853, I was elected a fellow of the American Academy of Arts and Sciences, a further evidence of the affectionate regard of Drs. Hayward and A. A. Gould, and Professor Agassiz.

On retiring from its council by legal limitation I started a subscription, which resulted in a liberal fund for printing the Academy's papers, "a good plant springing from the seed you sowed," said, in a recent note to me, the treasurer in office at that time. In presenting my offering to start a project which had for a time been ineffectually talked of, I merely added that I felt it to be the most valuable paper it was possible for me to offer the Academy for the advancement of science. •

The State Medical Societies of New Hampshire and Connecticut gave me most grateful evidences of good will and kind consideration, by electing me to Honorary membership. With the members of these associations I have passed many most

pleasant and improving hours of professional profit and friendly enjoyment,—especially with those of the former Society on their semi-annual social re-unions. *

One day, in the earlier months of my practice, a vagrant near by my office, despairing of being of any further use to the community, swallowed nearly two ounces of arsenic, and I was called to smooth his way out of the world. The affair becoming somewhat notorious, the then editor of the *Boston Medical and Surgical Journal* called on me for notes of the case. He was ever on the alert for remarkable cases, and I could not resist his persistent importunities. * This was the beginning and the cause, on the principle that one good turn deserves another, of a multitude of articles and scraps which editors of the JOURNAL have subsequently, from time to time, drawn from me to *fill up with* when other practitioners, older, abler and more experienced, had declined. Every thoughtful and progressive practitioner necessarily wishes to keep himself informed of the improvements in the science and art of his calling, and to know how others are treating disease. This can be done only through periodical publications, wherein for such

purpose each should feel bound to contribute his portion to the general stock. The usual plea that one has not anything of interest or value amounts to nothing. Even the most trivial case may unexpectedly prove of importance. The immature report of the case just alluded to became the basis of a solid argument in a capital trial not many years afterwards.

One of my papers had unusual sequences—mind, I do not say consequences. In 1852 the reader for the annual meeting of the Norfolk District Society failed near the last moment, and I was “pressed” in to supply his place. The paper which was then read the Society voted to print. I resisted; but after six months’ importunities surrendered it to the Secretary. He published it in the *Medical Journal*. • Some time afterwards the then venerated Nestor of the profession addressed me with some friendly criticism, and, in conclusion, remarked: “Well, I shall have to write you young men a letter.” His “*Letters to a Young Physician*” followed. While this volume was in preparation another professor, getting a little the start, issued a collection of papers under the title of “*Nature in Disease*.” This happened by chance to be the title of my own paper above referred to,

published two years previously. He came to me with the proof sheets and asked me to write a notice of his book for the *Medical Journal*. I did so, and had the satisfaction of hearing myself accused of officiousness and playing "toady" to a great man.

A copy of this book having been sent to Sir John Forbes, then writing on similar subjects, Sir John called his next publication "*Nature and Art in the Cure of Disease*," avowedly based on the title of the book sent to him. Not long afterwards a third professor called at my house, and, after alluding to the other professors' publications, and adding that he, too, probably had loose papers enough to make a similar volume, produced a big bundle and asked me to arrange, edit, and publish the same! This cost me midnight oil for a number of winter weeks thereafter. The work appeared with the title of "*Surgical Reports*," and I wrote a notice for this also, by request.

I may add further that on the appearance of Sir John Forbes's volume, Dr. Jacob Bigelow asked me to collect, edit, and publish with him a series of suitable medical books and papers, the series to be entitled "*Rational Medicine*," and the first volume to be a republication of Forbes. Dr. Bige-

low wrote a preface for the series, and I gathered together documents for the second volume. A publisher had already begun his part when a reprint of Sir John Forbes's book appeared in New York and killed the scheme. Dr. Bigelow's preface was afterwards published in his "*Modern Inquiries*," where also, p. 245, may be found a list of my collection, with one addition, which Dr. Bigelow insisted on including in the number.

A rather unusual concurrence of sequences this, after all.

Thus it was that I happened at first to be called upon to contribute to the *Boston Medical and Surgical Journal*. Thus it was that I became interested in its welfare, and was induced to help fill it up when others did not. In later times the demands for "copy" became quite frequent. In 1872 the editor was taken very ill and obliged at last to give up his charge. The case seemed desperate, and I was called upon by the assistant and requested to "lend a hand." After months of continued exertion with his able aid a new interest was awakened, especially in the younger men. The present plan was adopted, and more than thirty medical men (besides editor and assistant)

were secured as regular collaborators, and put in responsible positions in its service. Moreover, the JOURNAL was purchased of the publishers, • who had owned it for many years, and placed in the hands of the profession. All this of course cost time, labor, and thousands of dollars, cheerfully bestowed without a farthing's return to those who contributed, • except the abundant satisfaction of seeing a worthy and prosperous medical journal in the possession of the profession, solely for their use, and wholly independent of external or trade influences. • It is but fair to say, however, that the former owners of the *Journal* were in its management ever unselfish and liberal toward the profession so far as permitted by its limited patronage.

It seems to have been fated that I should have more than an ordinary share in “mending” the fortunes of Medical Societies.

In 1842, I was asked to become the President and revive the Boylston Medical Society of Harvard University, a Students' Society, but having a young graduate for its chief officer. For several years it had been dead, buried, and apparently past resurrection. Taking five or six students into confidence and telling them my plans, we formed a

governing board, and announced by a large printed placard a meeting of the Society. This done, inquiries of its nature and objects soon became frequent. Meanwhile (all the Society's previous records and regulations having been irretrievably lost), we had adopted by-laws, and began to admit members, by ballot, on condition that they would take active part in its exercises and pay an entrance fee. Thus membership soon became a privilege and a distinction. • Good work was done, and the College year ended with a full and active Society of over forty members. The same plans have been continued, with like success, to the present time.

I was sought out and called to preside at the first meeting for the formation of the Obstetrical Society of Boston; and afterwards when, in the commotion of war time and from other causes, it seemed about to expire, I then, with a member, now years ago gathered to his fathers, arranged the plan by which it has enjoyed unusual prosperity ever since. •

In 1855, on the lamented death of my class-mate, Parkman, I was chosen to his place as recording-secretary of the Massachusetts Medical Society. How this could happen greatly disturbed some of my professional neighbors who, I hope, were satisfied when they were told, by one of the gentlemen

himself, that two of them had proposed my election without consulting me, and without any knowledge on my part of their purpose. I was continued in the office and that of corresponding secretary for more than eight years. Among other labors I prepared a Digest of the State Laws relating to the Society, and suggested and carried through a number of its more important By-Laws; notably one on ethics, then suggested, afterwards adopted, and now in active force, by which all personal matters, and matters of discipline, are at once removed from public meetings, where they always created great disturbance, and relegated to a standing committee, to be dealt with according to merit—in private.* I also prepared the “Annual Discourse” read to the Society in 1865, which created unusual discussions and criticism; and I had thought with that my duties done, and my course finished with the Society.

But when, some years later, the Society was in need of renovation and awakening, I was asked, at whose suggestion I never knew, to assist with others in restoring its former prestige, and in placing it on its present prosperous course. It was a laudable project and was supported by the best men in the profession all over the State. But it

required much labor, and not a little self-sacrifice. What was done is well known to the profession. Called and convinced of the necessity, I trust that I did my share of the *work*. Many disinterested fellows were personally engaged in the matter, and the results seemed to gratify the well-wishers of the Society. . . .

Thus the State Society, now on its renovated career, is a power for good to the profession, unsurpassed by any institution of the kind in the land. Its membership gives to the community also the surest evidence it can have that the aspirant for practice is a *Regular Physician*—a *happy term*, a truly fortunate one, as it indicates that its possessor has taken in preparation the *regular* established course, approved from all time; that he is thoroughly loyal to professional obligations; that he continues *regular* in following with assiduity every laudable means to acquire, from every and all sources, any and everything that will conduce to the good of the sick, and the advancement of his Science and Art,—untrammelled by dogmas, unrestrained by sects, and not bound to any “exclusive or irregular system”; never fearing to heed the dicta of nurses, when apt and fitting, or the “sayings” of old women—willing even *ab hoste doceri*.

To this large and influential Society, now numbering over sixteen hundred members, and ever increasing, the profession, and the individuals composing it, may look for adequate support, and a high position which not all the laws of legislatures can insure, and, if but true to itself, not all the machinations of detractors and charlatans can ever take away.

The local semi-social association, the "Roxbury Society for Medical Improvement," has had from the start my earnest efforts, and whatever I could do for its interests and prosperity.

And further, I am the only surviving member of the committee appointed to organize this, the Norfolk District Medical Society, in 1850. Its early developments were not fully satisfactory. Social meetings having been suggested to increase good fellowship, to bring out greater numbers and to incite them to extra work, I was the first to have such meetings at my house; and subsequently there were many more such at the same place, with best results.

For a long time this Society was noted for the social and friendly relations of its members, among whom, from the first, were as high-minded and true men—able and experienced—as ever belonged

to the profession. It was a pleasure and privilege to be associated with them. I cannot withhold an instance of the amenities of times alluded to. The late Dr. Monroe, Sr., was always my opponent in Society discussions—and naturally so, being as he was, originally, of the most “heroic” school.

Once hearing that I was to read a paper, he rose from a sick bed, came to the meeting (where he was obliged to lie upon a sofa), and earnestly assailed my positions. After adjournment he called me to his side, said that he was ill, and wished my diagnosis and advice. I took him in my chaise to my own house, where he remained several days. During this time I examined his case, gave him my opinion, and my advice which he promised to follow.

In illustration of our contention: Dr. Monroe always declared that membranous croup could be “broken up” without failure, by heavy doses of subsulphate of mercury; that, with this remedy, he never lost a case in that disease. I, on the contrary, maintained that it was a self-limited disease, especially dangerous by its local affection; that, when recovered from, it was through the normal separation of the peculiar membrane; that the inhalation of soothing vapors was most likely

to bring on a favorable issue, while more humane in any event; and in such discussions as ours, no case should be cited, unless the characteristic tubular membrane had been secured, before or after death. • To which he would rejoin that the subsulphate arrested any such formation or tendency to it, and therefore he could not exhibit a membrane as I had done. I again answered that the drug had never had this effect on any case where I had seen it tried; and that I could only say that probably, by some fortunate chance, the real disease had not appeared in his circuit, for I had known of its absence from places for a long time, to return and prevail again without known reasons. • If it had been in his town, I thought, cases must have occurred wherein the membrane had completely formed before he could have been called to the patient,—the disease often being so insidious as not to be recognized until danger from the membrane is imminent. For example, I once gained greater reputation for predicting a fatal result than in any successful case of the disease. The child was called in from its play in snow-slop in the street. The disease was found fully developed; but my opinion that there was hourly danger was indignantly scouted by the bystanders. The child died

before the next morning; and for years, I was pointed out by amazed attestants as *the man who said the child would die!*

Thus we argued, earnestly but without offence. We could differ radically on professional questions without personal estrangement.

At one time this Society was one of the foremost in the State in active and good work, and its example aroused other societies from their lethargy.

It is now looking up again; and, under its present able and efficient officers, and its intelligent and aggressive leader, permeated with the new and fresher blood of its recent acquisitions, bids fair to regain its old position among the District Societies, and to be a source of usefulness to the profession and the public, as well as to its members.

The social reunion to follow this meeting is a proof, perhaps the last one I can give, of my continued belief in the real utility of mingling pleasant with useful things, even at meetings for the advancement of science.

How it happened that I should get involved in so many of these and such like professional matters outside of my personal routine work, I cannot, I must repeat, even now comprehend. It certainly

was not of my own seeking. Much of it was foreign to my personal instincts and private interests. No selfish motive could ever have induced it. I had all the practice I wanted. The labor required, turned to personal ends, would have greatly increased my acquisitions; the time taken could have been occupied with far more congenial matters; and the money spent, from my own *earnings* solely • (literally, from first to last, more than “tithes of all I possess”), would be a very desirable addition to the little I have been able to accumulate for the shutting-in clouds of life.

I sought no place, but whenever duties were imposed on me I have endeavored with earnest effort to perform them. • I never expected any personal advantage therefrom, and, to the best of my knowledge, never received any. Performed as duties, if any good has resulted to the profession that is a satisfaction. If not, the intention and the effort were there all the same.

In a former part of this paper I told of my studies in the natural history of disease, and how it was shown that, disease having a beginning, middle and ending of its own, medication, however useful it might be, was not essential for restoration

to health. I have myself been through several severe attacks without resort to drugs. A few years ago, during an unusual prevalence and fatality of the disease, I passed safely through a desperate attack of acute pneumonia without a particle of medicine of any kind; to the anxious apprehension of attendants, who thought all was over with me on that account. Even in the occasional delirium my wishes were complied with in respect to medication. Convalescence was as speedy and perfect as it ever is, and no vestige of disease has remained.

With such experiences, strange as it may seem, I have a stronger faith in drugs than in my earlier days—in their proper places. Their proper places, however, are not in “breaking up” disease, or in continuous administration during its usual course.

It will be a happy day for patients, to say nothing of the true physician, when the medical attendant can unreservedly speak to confiding and obedient listeners, the solemn truths of his profession in regard to its limitations. Invaluable and indispensable as the profession is and always will be to individuals and to the community, its worth rests on far different foundations than a capacity for dosing. In this respect I cannot forbear re-quoting the words of Dr. Moore (the father of Sir John,

the hero of Corunna), as true now and ever will be as when uttered a hundred years ago: "The difference between a good physician and a bad one is certainly very great; but the difference between a good physician and no physician at all, in many cases, is very little"—a truth worthy of all acceptance. A good physician, often seeing that his patient will be as well, if not better, without medicine, will, regardless of outside pressure however great, wisely withhold it. "Fools rush in" is a fraction of a favorite quotation of an old professional friend, which at the present time I forbear to complete.

I have myself proved, to my own satisfaction at least, that drugs are no more requisite for the "cure" of disease than splints are for the healing of fractured bones. Both may be of greatest service, but neither are absolutely necessary, and on neither does recovery actually depend. I have successfully treated many hundreds of cases of disease without drugs, and a few fractures without splints. One of the most satisfactory unions of a fractured clavicle in an adult was so treated; and I have seen results quite as good as after best attention and care, in a case of a smashed-up elbow (condyles, olecranon and all), when undesirably left to itself, unsup-

ported after first adjustment. This is no argument against splints, or drugs even, but shows only that they, while useful, are not necessarily essential.

Nature indeed restores the sick and the injured, but the physician should "cure" the patient by taking the most judicious *care* of him. For the present, and, if "indications" are of any worth, for some time to come, the physician's *duty* will chiefly consist in restraining his own and people's tendency to over-dosing, and perturbing interferences. It is truly a pity that the ill should have to endure so much more than their ailments, from the hands of mistaken kindness.

The inordinate use of quinine affords a good illustration. Its reputed power to "jugulate" intermittent fever has induced its almost universal use for all manner of diseases, especially where any periodicity can be attributed to the ailment, or any "malaria," so-called, suspected, however irrational such suspicion may be. The evil thus done can hardly be over-estimated. It may be doubted even, speaking not without some knowledge thereof, whether the "quininism," or "quininitis," thus engendered, worse sometimes than the original disease itself uninterfered with, may not more than over-balance any "jugulation" ever actually effected, so recklessly has the drug been used.

Moreover, its reputation as a “specific” has led to an amount of harmful experimentations, in the hope of finding “specifics” for other diseases, that is painful to contemplate. Possibly more mischief has resulted from this source than all the good achieved by the drug, even taking the estimation of its most ardent advocates.

More than three million (3,000,000) ounces of quinine were consumed in the United States alone last year (1886), and the amount used is greatly on the increase. What if it were all of standard quality and strength ! •

But the popular idea of a physician, and the necessity of drugs, even in the profession itself, is far different from that we advocate. Most people regard a doctor, especially their own attendant, skilful, if a ready doser, one who can hit upon the right medicine even without examining the patient. More than once have I, in case of supposed urgency, to satisfy an eager demand for it, sent a remedy (a harmless one of course), ahead by the messenger, and, on my arrival, found friends assiduously administering it. This before I had seen the patient or had any adequate idea of his malady. Think for a moment how unwise their so doing ; and yet these people were accounted among the most in-

telligent in the community! • On the other hand, and not a solitary instance, a well-to-do patient has objected to his bill, saying: “No doubt you have made the visits, but only on three or four occasions did you write a recipe. I am willing to pay for those, but not for visits when you did nothing.”

Many persons like to have their ailments magnified, as though it were a meritorious distinction, but in attendance upon my patients, whether rich or poor, I have always endeavored to render their calamity (for sickness *is a calamity* and nothing else) • as little dispiriting and otherwise burdensome as possible. I was never an alarmist. Having an eye to the possibilities of the situation, I have made everything as quiet as practicable with as little disturbance to family routine, and, I may add, with as little expense • as circumstances permitted. Sanitation, so-called, has not been neglected—guided not by rules, often absurd in given cases, but by what little common sense I possessed, and by the possibilities of improving the surroundings of the case. As to the patient himself, I have sought his *best* treatment as a *sick man* rather than as a man sick of a nominated disease. • Depending less on routine prescriptions than on general rational man-

agement, I have of course been guided by the best diagnosis of the case obtainable by myself, or others when assistance seemed requisite. Still I have always, regardless of pecuniary or personal consequences, withheld drugs as far as *possible*, as I would wish done in my own case in like circumstances. This having been generally understood from my start in practice, has deprived me of the patronage of a number, who said that when they were sick they *knew* that they needed *medicine*, but if they sent for me they were not always sure to get it.

Nevertheless, as new medicines and methods have been suggested, I have tried them as opportunity offered, in order that I might not be rightfully charged with ignorance or unreasonable doubt of their value. In reviewing my cases I find no cause to regret omission. I wish I could conscientiously say the same of professional commission. May I not charge some of the latter to the irresistible tendency of the times?

General office practice I have always avoided, wishing my house to be my home, a private residence, as much as possible. I never had office hours.

Practice as a consultant I never inclined to, being, constitutionally, in a great measure unfitted for it. It has cost me more for consultations than I have ever received from them. After a consultation I have too often lost the patient; sometimes to the consultant, who should *never* take a case in such circumstances! Autopsies in my circuit, when paid for, have been usually paid for by myself.

Having known much of the profession from very early youth upwards, with a somewhat clear apprehension of its responsibilities and difficulties, its perplexities and trials, I entered it in the laudable hope of gaining an honest and reasonable livelihood, and of being able to render adequate service in return. I do not remember that I specially considered, as some pretend to, the profession as one to “do the most good in.” I diligently labored to be able to do “*well*” (as my first patient expressed it) the duty of a good “family physician” in the full sense of the term, as then understood—a term almost without meaning at the present day. • Further than that no definite purpose entered into my anticipations; certainly no ambition, or thought even, for place or position. If either of these have fallen to my lot, a more selfish temperament would

have saved me from yielding to others' wishes and accepting them. Position could give nothing but discomfort to one of my disposition; my professional work was enough, and more than enough, to occupy all my time. I had nothing personal to gain by taking office, but much to lose in case of unsatisfactory discharge of its duties. I have no apologies, however, for self-forgetfulness in these matters; let others take warning and do better.

As a result, I have no complaint to make against the world, professionally or personally, having deliberately determined, in whatever state therein to be content. If any have differed from me, or taken offence, they have been allowed to go their own way unmolested. I have seldom, if ever, stopped to notice abusive words or acts, to which all in a really active life in every profession are more or less subject. Fortunately, very few such have ever come to my hearing; and those have fallen generally upon deaf ears. •

In my dealings with professional brethren, as well as others, I have always striven to ignore any such neighborly tendency in human beings, and have especially endeavored not to allow the possibility of anything of the kind to have influence in any public or private act of mine. The medical

profession, through its constant contact with misery and affliction, naturally tends to moderate personal estimation and to assuage personal griefs. What are such trifles to the actual trials of the wretched? Its members are often unjustly reproached as being over-sensitive and quarrelsome. There may be such ill-constituted mortals in it (they are everywhere),* but the truth is, no other calling, as such, engenders so much fraternal respect among its members, or can show more numerous instances of enduring friendship—in my own case it has enhanced one which has lasted from *infancy*, now so many years. “Who shall decide when doctors disagree,” was originally said of casuists, not of medical men.

The profession demands of its members, throughout their whole career, a cheerful willingness to devote more than half their time and labor to the fitful needs of illness and penury, without thanks or hope of pecuniary reward. It even expects them to become, as it were, upper servants to the rich, and attendants-of-all-work to the helpless poor; and in its own uncertain issues gives but little chance for assumption and false pride. It is a calling often to be tired *by*, but never to be tired *of*. It offers little promise to seekers of personal ease,

or expectants of large possessions. Nevertheless, its compensations are neither few nor small; and its brotherhood is not among the least of these.

Quæ cum ita sint—in spite of the initial famine incident to the profession, and the inevitably slow advancement in it—a patient's confidence, as said an eminent professor, being the hardest thing to acquire and the easiest thing to lose; in spite of its privations and hard work; in spite of its annoyances and trials; in spite of its reputed jealousies and quarrelsome habits (which, after much and long observation, I can confidently aver are much less than among pure scientists and literary men, or in other professions, restrained as medical men are by a reasonable etiquette); in spite of its vexations and unrequited efforts; in spite of its thankless patients and wilful maligners; in spite of defections, when and where least expected, unexplained and unexplainable; in spite of all these drawbacks, so much and so often complained of, but no greater, probably, than in other callings—I am fully persuaded that even the life of a physician is worth living.

In so long and so varied a service, there must have been many and great shortcomings. These doubtless are better known and more fully appreci-

ated by my neighbors than by myself. Thus am I rendered happy in the conviction that any attempt on my part to recount them on the present occasion would be merely a work of complete supererogation.

“A man’s life,” said the wise man, “is like an arrow shot through the air, leaving no mark”; fortunate, we may add, if it reach the target aimed at, though it hit not the bull’s-eye.

For myself, the arrow has nearly sped its course. How far short of the target it will have fallen may soon be known ;

—*moriturus sum*—

and if, perchance, a professional epitaph be ever sought for—to indicate a life-aim, and to conform more nearly to truth than most such tributes to the dead, let it be :

HE CURED THE SICK WITHOUT DRUGS.

NOTES.

The inverted period (•) in the text indicates a note; which may be found below by the prefixed *page* and *line*.

P. 7, l. 3.—See Phi Beta Kappa Poem, Harvard University, 1811, by Jacob Bigelow, M.D., LL.D., etc., our “American Hippocrates.”

P. 7, l. 12.—Fevers, the first e as in prey—Hibernicè. Dr. O. W. Holmes said that every young Doctor's new sign declares this.

P. 9, l. 10.—George Hayward, M.D., etc., Professor of Surgery in Harvard University. The silver pitcher, now in possession of the Massachusetts Medical Society, he gave to me, some years later.

P. 13, l. 1.—I was happy to have present at the reading a gentleman, the friend of my earliest youth, who was with me and assisted in the operation just referred to—W. W. Wellington, M.D., etc., of Cambridgeport, Mass.—and who, too, was not one of those who counselled hesitation.

P. 13, l. 3.—This instance shows that the youngest beginner may have to confront at once most difficult and trying cases.

P. 15, l. 19.—Among unusual and notable courses, which I attended and took notes of, were those on the Eye and Ear, by Dr. John Jeffries who only, beside Dr. Edward Reynolds, then gave “especial attention” to affections of those organs.

P. 16, l. 9.—Friend W. reminds me that we were once sent, in our student days, to ask for an autopsy of a child we had seen with our teacher. We attempted to persuade the mother to consent by stating the importance of the procedure—that we wished to know the results of the disease, and that we felt sure that the time would come when she would be very glad that the examination had been allowed. She cut us short with the significant question, “And what's the good of a doctor who cannot tell what ails a child until after it is dead?” We left.

I once made an autopsy on condition that the diseased portions be carried off—the widow insisting that nothing morbid be buried with her husband.

P. 24, l. 3.—Loammi Baldwin, Esq., then Superintendent of the building of the United States Dry-Dock at Boston Navy Yard (Charlestown), told a young applicant for apprenticeship, that "to be a good engineer one should know how to bore with a jack-knife and to whittle with a gimlet."

The member alluded to was the late Horatio G. Morse, A.M., M.D.—a quiet, unpretentious but able practitioner, much esteemed by a large circle of patients and friends.

P. 26, l. 7.—These pills were at one time in great repute with the towns-people; one good old maiden lady declared to me that she could not do without them, for she "had all her life-time been subject to bondage."

P. 27, l. 6.—The late Dr. John B. Brown, of Boston—a very ingenious man, and quite an inventor. I have a cane-gun, of his construction, with which I have captured many a specimen. I sometimes made plaster casts for him, previous to and after his operations for club feet.

P. 28, l. 10.—A few years ago an absurd story was started, but was soon cut short. It was that I always gave a new-comer a horse or a vehicle! It had some foundation, it is true, inasmuch as I had given to three young practitioners one or other of these articles—rather worn perhaps, but with several years good service in them still remaining. To six or eight others I had done as much, in the way of rents, loans, assistance, small appointments, always privately, sometimes without the knowledge of the recipients—this in addition to unnumbered patients transferred as occasion permitted.

In two or three instances only was evil towards me attempted in return—in spite of the saying that "if you wish to make a man your enemy, do him a favor."

P. 28, l. 16.—The selling of a practice, the taking a portion of the gains of a *locum tenens*, or the receiving of a percentage on recipes from a conniving apothecary, through an agreed-upon cypher or otherwise, I never could see the professional morality of, though advocated and practised, it is said, by some prominent practitioners. Each laborer should be worthy of the proceeds of his own work, and should receive them; even the fee for a single visit for another—unless on all sides "a labor of love."

P. 28, l. 26.—It would "do me proud" to tell of the first class of these patients. I will mention one of the second—one only—unparalleled, I hope, hercabouts, but in result not of the worst kind. One

winter's night, in a storm of rain and sleet, a wretched mortal sought shelter in a deserted, windowless, tumble-down shanty, and took to its half-submerged floor. By day-light severe cold had followed the storm. Discovered by her cries and groans, she was found frozen to the floor with, at her side, and still attached to her, a new-born infant—seemingly kept from freezing to death by its convulsive cries and sobs. Sent for at once, I attended to her needs. Kind persons soon arrived. But to release the patient from the floor, to which she was frozen, required strong arms, and the use of laborers' shovels—she being literally shovelled up. Removed to comfortable shelter, and properly cared for, she and her child did well.

Among not a few strange cases that might be mentioned, one may be related for its extraordinary singularity. Two school-boys had a difference through rival interests in a young lady of their acquaintance. Taking with them a mutual friend, another lad, and a single *pistol*, they retired to a wood to adjust the matter. Having drawn lots, they took their places. The first boy's fire was without effect. The friend then prepared the pistol and gave it to the other boy, who also missed his aim. But the first, on again receiving the pistol, was more deliberate, and this time hit his antagonist. The ball struck upon the clavicle, glanced over it, diagonally to the shoulder—a narrow escape. Honor satisfied—the wounded boy was taken to his home, and I there removed the bullet through a counter opening.

For a case of small-pox of peculiar origin, see Boston Med. and Surg. Journal, August 10, 1882.

P. 30, l. 2.—One year I had (unrecorded except on lists to prevent neglect by overlooking) four hundred and ninety three separate poor patients, not up to the grade of so-called "charity" cases. Some of these I attended many weeks, occasionally aiding with supplies, &c.

P. 30, l. 24.—Among the anomalies in this regard—a parish once discussed the propriety of raising their clergyman's salary, one argument brought forward being his large doctor's-bill—I, the medical attendant, having never charged a fee or received any remuneration.

The clergymen, whose families I have attended, have generally been very appreciative; and loyal to the regular medical profession. One of the noblest and most eminent of them left me gracious words and a legacy of five hundred dollars.

P. 31, l. 24.—On one occasion, a father wishing to weigh a very large child, sent Bridget for scales. She brought a small pair.

"Those will not do," said he, "they are not half large enough."
 "Oh," said Bridget, "then put 'im in twice."

Sometimes the calculations of the most experienced will fail—*e. g.* two patients, multiparæ, engaged the same nurse for consecutive months. She attended them both, in the inverse order of the engagements—the one a month before, the other a month after the carefully estimated and expected time. Both children appeared to be of full term.

P. 34, l. 11.—The portion of the original paper omitted at this place may be found in Boston Med. and Surg. Journal, Jan. 5, 1888, p. 6.

P. 37, l. 21.—Boston Med. and Surg. Journal, Sept. 19, 1861.

P. 37, l. 24.—Ibid. Feb. 13, 1862.

P. 42, l. 15.—"*Perpendendæ et Numerandæ Observationes*" was the motto of a Paris Medical Society.

P. 42, l. 23.—In the discourse on "Self-Limited Diseases," delivered before the Massachusetts Medical Society at the Annual Meeting in May, 1835, by Jacob Bigelow, M.D., he gives the following definition:

"By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences; one which, after it has obtained foothold in the system, cannot in the present state of our knowledge be eradicated or abridged by art—but to which there is due a certain succession of processes, to be completed in a certain time, which time and processes may vary with the constitution and condition of the patient, and may tend to death or recovery, but are not known to be shortened or greatly changed by medical treatment."

Velpeau's answer to Leverrier in the Academy of Sciences (in 1865) is worthy of constant remembrance. "Many affections yield without treatment, and, it must be acknowledged, sometimes in spite of all treatment. To this fact we must not be wilfully blind. * * * After the exhibition of a remedy, the symptoms have yielded once, twice, thrice, or oftener; hence it is inferred that the cure has been in consequence of the treatment. The inference is a natural one, but almost invariably incorrect."

P. 43, l. 4.—See Boston Med. and Surg. Journal, July 4, 1872.

P. 43, l. 8.—The late Joseph H. Dorr, M.D., etc. He was the most accomplished conversationist I ever met with.

P. 44, l. 27.—Although the doors of the Society had been liberally opened, for twenty years or more, and frequent requests had been made for these irregulars to withdraw quietly and without observation,

they would not leave ; but, while defaming the Society as superannuated and "bigoted," they well knew that they derived standing from its membership, and therefore resisted with all the public noise and tumult possible, to the very last, every attempt to dislodge them. The Supreme Court, which they invoked to their aid, confirmed the Society in its rights. From this time these irregulars and their supporters lost caste. "No one knows except one of ourselves," I heard a prominent one of them assert in a lugubrious manner before a legislative committee, "what a daily trial it is to practise our system since the Massachusetts Medical Society put its ban upon it." No doubt he was right, for the community had thus found out the worthlessness of the system in the opinion of those best able to judge of it. Every one, nowadays, who resorts to it seems to feel obliged to give personal excuses or apologies for so doing. Nothing of the kind appears to be required of those employing regular physicians.

The Society gained prestige and power by its action in this matter, and never stood so high in the estimation of all as at the present time. It should keep wholly aloof from any kind of affiliation with irregular organizations, however plausible the motives of advocates. It has never accomplished any great good or obtained any advantage by readiness to favor proselytes from other associations.

More recently a younger practitioner of the same "school" is said to have remarked that it was not pleasant to be considered "a knave or a fool" for so practising, or, as he might have said more truly, for *pretending* to so practise. Some ways are indeed ways of pleasantness ; others are not, even if for the time pecuniarily profitable !

P. 47, l. 13.—See also *Typhoid Fever in Limited Localities*, Boston Med. and Surg. Journal, Feb. 4, 1869, p. 5.

P. 48, l. 9.—See *Disease, a Part of the Plan of Creation*—Medical Addresses. D. Clapp & Son, 1875.

P. 49, l. 15.—Roxbury City Documents, No. 7, Jan. 31, 1849, p. 61.

P. 50, l. 18.—Some leading apothecaries about this time were reported to have said that, in their estimates, a very much less amount of medicine was then given in the neighborhood than that dispensed for the same number of similar cases before my coming to Roxbury.

Within a year one of the most prominent of Boston's apothecaries said to me in a confidential way that he "never knew or heard of a physician who could get so little medicine into a perscription as" myself, but that "no complaint had ever come to his knowledge that

my prescriptions were less efficacious than those of other practitioners—quite the contrary.”

Not a week ago another nearer home, equally well qualified by age and experience, stated that “many years ago the contrast, in this respect, between the recipes received from me and those of other local prescribers had often been not unfavorably noticed and commented on in his establishment.” But these are merely straws.

P. 50, l. 25.—The Works of Hippocrates, Vol. 1, p. 162—Syd. Society Edition.

P. 57, l. 2.—See Boston Med. and Surg. Journal, March 10, 1870.

P. 59, ll. 7 and 12.—F. W. Goss, M.D., &c., Rec. Sec. M. M. S. See Boston Med. and Surg. Journal, July 23, 1874, also April 25, 1878.

P. 59, l. 21.—See paper by G. E. Hersey, M.D., in New Hampshire State Medical Society's Communications. 1875, p. 39.

P. 60, l. 18.—“Nouveau Système de Délivraison Chirurgicale,” Paris, 1838. By the way, the inhabitants of Lausanne were a staid and reasonable people. When I was there in 1848 they had temperance societies, which restricted the members to two bottles of wine each meal.

P. 61, l. 1.—Boston Med. and Surg. Journal, April 7, 1887.

P. 61, l. 8.—Sometimes a subscription is raised by neighbors and friends to pay for an operation; but for my part I never could consent to accept a fee on such terms. I have preferred to take my share in the charity, though this has not been always adequately or correctly appreciated. I once took a man's leg off in the field when a terribly crushed foot and ankle seemed to the attending physician to forbid his removal at once. The patient recovered “remarkably well.” The operator only suffered in a few dollars for injured instruments, &c. &c.

In the coldest day of the following winter the fellow called me out into the freezing air to *demand* an artificial limb! As I had cut off the real one, he had a just claim on me, he said, for such a substitute! One could have wished him in a warmer place!

P. 62, l. 8.—Occasionally we had a little adventure somewhat but not strictly medical to enliven our progress. In Spain travelling was mostly by night—in a kind of a composite omnibus, there being then but one railroad, that from Valencia to Madrid. One night near Carolina we were stopped about midnight by military officials, made to descend to the road-side, and be put through a thorough examination, lest we might be of the party, spies perhaps, of an insurgent then attempting a Revolution. No indignity however was offered us,

and after awhile we were released, and the vehicle allowed to proceed. Subsequently on going from Gibraltar to Malaga in a steamer, overcrowded with Spanish troops returning from Algesiras, we gained a little idea of what our situation, in restraint and sanitation, might have been as military prisoners under suspicion.

P. 64, l. 24.—I returned my acceptance of the honor conferred upon me in a Greek letter which President Felton, H. U., said was a creditable performance. I have since had several Greek letters from Athenian physicians; notwithstanding Greek is said to be a dead language, not worthy the attention of educated men.

P. 67, l. 4.—Losing my way in Dublin, I asked a trig and trim policeman the direction of St. Stevens Green. "Go," said he, "right square round, to the left, and you'll soon find it after m^ating (meeting) you." Pretty well for a native!

P. 67, l. 5.—I went to Brazil, chiefly if not wholly, to see other countries and other scenes, especially those in the Torrid Zone. Early in the winter of 1864-5, Prof. Louis Agassiz consulted me with reference to his taking a vacation. He was not well, was greatly overworked, and an entire change, with complete rest from his many labors and anxieties, seemed essential for re-establishing his health. It was a question with him whether to make a tour through his old European resorts, or a voyage to Brazil—the Emperor having urged him in autographic letters to visit that country. At length he decided to go to Brazil.

Not long after this decision, he invited my wife and myself to accompany Mrs. Agassiz and himself. It would be a private affair—a simple party of four friends, "*une partie carrée*" as they called it while discussing the matter with us. But, after personal preparations were quite completed, unforeseen events occurred which gave the project somewhat the character of a public expedition. Thus labors were imposed upon Prof. Agassiz, certainly not contemplated in the original advice and plans, which were rather for diversion and relaxation. Before this, however, it had been mutually agreed that in any event I should return, if possible, in season for the Lowell Institute Lectures in the coming autumn—even if he found it desirable to remain longer.

We went as arranged, from New York in a chance steamer, a new ship going to San Francisco to join the Pacific Line. We were to return as opportunity offered, by way of Europe probably as there was then no direct communication with the United States. It happened that when on our part we had accomplished most, if not all, our

original purposes, and many more not contemplated, a chance offered itself in a favorite ship going to Southampton. Taking affectionate leave, therefore, of our friends in their ever increasing scientific accumulations, we crossed and recrossed the ocean, and reached home within a few hours of the time originally designated.

P. 70, l. 20.—A short time ago a newspaper, recognizing this tendency, said that “a doctor or a lawyer, or a merchant-chief, wears the stamp of his profession with a less distinctive assertion than an instructor of youth.” This “stamp” or “assertion” thus recognized I have always endeavored to avoid.

Another paper recently said that I “had heard more good lectures than any other man in the country.” It may be so, for very few bad ones have ever been heard at the Lowell Institute. Prof. Louis Agassiz always asserted that there was nothing of the kind equal to these lectures except at the Sorbonne at Paris.

P. 70, l. 24.—In connection with the Lowell Institute, among other things, I devised a drawing school of a somewhat peculiar character.

In the spring of 1850, when about to leave for Europe for several years, the Trustee, John Amory Lowell, Esq., wished me to establish a Drawing School before his departure, and to have it in full operation on his return. I thereupon submitted to him, in writing, two plans; and he selected the one that was afterwards followed.

It was peculiar in that it required the pupil to begin, and to continue through his whole course, to draw *from real objects only* —“the round” as technically called—from cubic forms up to the living model—and *never* from copies or “flat” surfaces. The principle and plan, as well as most of the details, were of my own devising. In very few drawing schools of the country, if in any, had “the round” nominal place up to that time, and its exclusive use obtained in none so far as known.

After preliminaries were arranged, it was found difficult to get a teacher who would undertake to carry out such a plan. Very few believed in it. Some months later in the following summer, by chance I overheard an artist, not then a teacher, express at random views somewhat similar to those incorporated in my plan. He knew nothing of this proposed school, or what plans were already prepared. I interviewed him. After numerous meetings and much persuasion, with great distrust on his part, his services were secured. He proved a most successful teacher, and as long as the school lasted continued its chief. His enthusiasm was its life; his devotion its unfailing support.

The school began in the autumn of 1850. At first it met with much criticism and ridicule from professional teachers and others; but it soon grew popular with pupils. Many curious anecdotes might be told of its early days, and of its later progress. Its chief, Mr. George Hollingsworth, was an original; and his efficient assistant, Mr. William T. Carlton, also had valuable parts.

This school continued more than a quarter of a century—was eminently successful—and had the satisfaction of being imitated all over the country, almost to an entire revolution in the teaching of drawing. Nowadays no school or teaching is without its “real objects”—on its programme, if not in actual use. In 1878, on the loss of its rooms taken for commercial purposes, to the regret of many applicants, the school came to an honorable termination.

P. 71, l. 6.—Called *Κωζικαββον*, or K. K. for brevity—a name invented by Prof. L. Agassiz, Dr. A. A. Gould, and myself, at one of our many pleasant reunions within its walls.

P. 71, l. 21.—I was, for about fifteen years, a trustee of the Roxbury Latin School. Mr. Israel M. Spelman, H. U. 1836 (now of Cambridge) and myself, as a sub-committee built the present Latin-School house—a cheap affair, one may say, but it is said to be the only one hereabouts built within original appropriations. (See Dillaway's History of the School, p. 96.) It is as good as the houses the pupils come from, and in my opinion *that's good enough*. It were well, for pupils who attend and parents who pay for them, if there were more like it, instead of the costly structures with their many flights of stairs and other objections.

In putting me on to the building committee, the late Rev. Dr. George Putnam, the chairman of trustees, said “I put him on for he has more to do than any of us; and the man who has the most to do, can do the most additional work; we want the building within the specified time.” The building was up and occupied as desired. Mr. Spelman was a man of promptness and energy; and “further this deponent may say naught.” The late Mr. Weston, a veteran school-master, not long ago said “It is the best school house I ever taught in.”

P. 72, l. 4.—I have seldom received a higher compliment, or one more keenly appreciated, than when Prof. A. B. Crosby asked of the society to be allowed to personally present to me in full meeting the diploma of Honorary Membership. His fraternal confidences were most grateful and assuring—conveyed in terms so kindly flattering

that even the bravest heart would have quailed. That mine nearly collapsed need not be affirmed.

P. 72, l. 14.—Boston Med. and Surg. Journal, March 7, 1838, p. 78.

P. 73, l. 17.—Entitled *Nature in Disease*. See Boston Med. and Surg. Journal, October 13, 1852.

P. 75, l. 20.—Frank W. Draper, M.D., Med. Examiner, Asst. Prof. of Legal Medicine, Harv. Med. School, A.A.S., &c.

P. 76, l. 3.—Mr. David Clapp, a gentleman to whom the profession is in many ways greatly indebted,—for loyal zeal and interest in its support through many years. He owned and managed the Journal from 1834 to 1874—his son becoming his assistant and partner in later years.

P. 76, l. 12.—A full account of all these matters and the plans devised has been recorded in a *report* to the owners of the Journal by William L. Richardson, M.D., Prof. of Midwifery, Harv. Med. School. The report is not yet printed, but should be.

P. 77, l. 10.—People do not care for what they can have at any moment for the asking. The Society had expired of inanition after years of free entrance, without restrictions or conditions of any kind, and without assessments—come and go when you please and do as little as you please—defects, sufficient to ruin any society. Even larger institutions nearly succumb to such methods—through which laxity the most offensive or least desirable always thrust themselves in, and capture by stratagem the offices—conferring notoriety on a few, honor on none. Is not the "Great American" a conspicuous example?

P. 77, l. 20.—Any one interested may find a full account in the Historical Sketch prepared and printed for the Society, 1881.

P. 78, l. 15.—This by-law has proved so efficacious, that, as a member of the present committee recently told me, cases of complaint or misdemeanor are becoming less and less frequent under its enforcement, and the committee's decisions.

I once, some years later, by appointment and direction of the Councillors of the Massachusetts Medical Society, made a collection of all the Ethical rules in force in, or adopted by, the profession and medical societies, here and elsewhere; and, reducing details to the simplest terms, compiled a draft-code of "positive laws" for our State Society. This was not accepted, but instead of it an imperfect abridgment of the self-same (printed) draft was adopted—one which by its generalities and "etceteras"—its imperfect foundation on

implied "principles," is rendered nearly nugatory or valueless. Judge Cooley says: *Corrective judgments cannot be based on principles unless the principles are made into positive laws.*—Const. Limitations, ch. xiii. 472.

In explanation of this seeming inconsistency of the Councillors, some rather pessimistic individuals unreservedly intimated that the *positive laws* of the draft-code, if adopted, would press too heavily on the pedal digits of many of the limping objectors; and thence their tears! What an unwarranted intimation!

The compilation, drawn from all quarters of the globe, showed that everywhere the profession makes laudable effort to restrain its members from objectionable and trade-like practices, which, small or great, ultimately injure individuals resorting to them, and degrade the profession in its own estimation and in the estimation of the public at large. That there is ever recurring need of such restraint, even upon those who perchance—though thus unworthily—hold prominent positions, the profession of London has had painful experience during the passing winter.

P. 79, l. 13.—My friend Dr. Townsend, of South Natick, says the term is an "unfortunate" one.—Mass. Med. Soc. Com., 1887, p. 12. *Unfortunately* for me I cannot agree with him. We have indeed the same spirit, but I would adhere to the old term, with all its associations.

P. 80, l. 3.—If some complain that the Society is of no use to them, such complainants have generally been of the least use to the Society; been remiss in dues while asking concessions, and unwilling to leave or resign fellowship. The Society can well afford to let such depart on the first intimation.

P. 82, l. 4.—This disease is quite a different thing from the so-called "croup" which children are sometimes said to be "subject to" (a phrase which shows its freedom from danger). The latter is often noisy and frightening, but is in reality a comparatively harmless accompaniment of "colds" and similar affections, and requiring no separate treatment. The frequent applications of mustard, iodine, tobacco, and other stupes, with vomitings by subsulphate, antimony, or ipecac, and even venesection (jugular), are all harmful cruelties. A little pleasant drink may be useful, but is not essential. If left alone it will soon pass off. Soothing care will re-assure the sufferer, often terrified out of his wits by the onslaughts upon him.

P. 82, l. 14.—I may add, as a curious fact, that in my own neigh-

borhood where I have formerly known it to occur at the same time in several families, and several cases in a single family, there has been for years little or no membranous croup, some prominent practitioners not yet having seen a case of it here. Of a truth the migrations of disease are beyond our ken.

P. 84, l. 9.—My donations were not from inherited abundance (my share I allowed to be divided among other heirs who needed it more), nor from an overflowing purse, but from moderate savings, a portion of which I was willing to part with for the important objects in view. I feel constrained to say this to correct a current error, and to prevent further misapprehension.

P. 84, l. 15.—As a matter of fact "the Peerage sought me, not I the Peerage." "But," as a commenter, not given to commendation nor then apparently intending it, recently said, "when you went in, you went in all over!" This, if I understand myself, is rather a characteristic—quiescent, shrinking even, quite willing that others assume tasks or undertake enterprises, and have the honors and emoluments resulting from success in them; but, when called out and motives given, inclined at once to take full interest and to spare no labor or effort in accomplishing the object—tenacious to the last.

A readiness to name *others* for prominent places of trust or honor led immediate friends to call me "John" (he was bidden while asking for another)—a sobriquet not uncomplimentary nor untrue.

As all reserve with the reader has already been thrown off, I feel impelled to give an abbreviated extract or two from the numerous letters received from friends on retiring from the Presidency of the Massachusetts Medical Society in 1876.

Samuel A. Fisk, M.D., an ex-president of the Society, writes: "In review—It was a success! From the first to retirement, your administration has been marked by great interest in the Society and its welfare. Such was the testimony as it came on all sides; that the administration has been unusually successful, and that the condition of the Society was never so good as on the day you gave up the chair. * * * And then what a blaze of glory you went out in—an Emperor to grace your retirement! * * * one so filled with learning and so sensible in all his ways, in honoring whom the Society has greatly honored itself. The rest of us have heretofore thought a Governor quite enough to assist at our meetings, but you alone will have the honor of presenting the Society to an Emperor."

Edward Jarvis, M.D., of Dorchester, for twenty years the most active of secretaries and fac-totum of the Norfolk District Society—than whom no one could speak more authoritatively of my “sacrifices” (as he calls them) for the various societies and professional matters we were interested in, having followed me up for all such things with pitiless demands and importunities; and he it was, I discovered after his death, who latently named me for many places of responsibility and work—Dr. Jarvis, indulging in unusual laudation, says: “Your administration has been remarkably successful. You have discharged the functions of your office with ability, energy, faithfulness and wisdom. Never has a President watched the interest of the Society so closely, and labored for them with more devotion. I am grateful for what you have done, and doubtless every member of the Society feels thankful to you for your sacrifices and your influence in behalf of its prosperity.”

Joseph Sargent, M.D., of Worcester, my college class-mate, and Vice-President of the Society, declining promotion, jocosely said: “You have filled the chair so amply that any other man would seem, for a time at least, to be only rattling about in it.”

P. 86, l. 6.—*Med. Observations*, John Moore, M.D., Lond., 1786, p. 21.

P. 86, l. 23.—This patient took the responsibility, and would not permit bandages or other restraining applications. He put himself in the most comfortable position he could, in bed; and allowed pillows only to be placed about the shoulders for needed support.

Some French veterinary surgeons have recently been treating fractures in animals without splints or other apparatus, and claim unusual success.—*Journal de Médecine et Chirurgie Pratiques*, February, 1888, p. 65.

P. 88, l. 12.—I had once a somewhat singular experience with quinine. A very long time ago a family that I attended moved to Virginia. Some of them, returning for a visit to friends, experienced while here their well known symptoms of “chills and fever”; and sent for me. Thinking that in this region these symptoms would soon spontaneously pass away, I suggested a little delay before medicine, but at once found they would be satisfied with nothing less than the reputed specific, and that they must see its name on the recipe. Therefore, I wrote the following in the usual forms: Mix a grain of quinine with one quarter of a grain of morphine, and make twenty-four pills of the compound; take three to six of these pills, *p. r. n.*, at suitable intervals, each twenty-four hours.

Before my next visit, an unexpected summons took them back to Virginia, and I never saw them again. Years afterwards the war came on and armies separated the South from the North. In some untold manner this family succeeded in getting a letter to me through the hostile lines to a northern post office. The letter simply said that, having been driven from their home, in the total wreck of everything they had lost their recipe. 'They wanted a copy. 'They stated emphatically that originally it had immediately restored them to health—that they had given the medicine to unnumbered neighbors and persons afflicted as they were, and always with marked success!

What if intermittent fever should sometime be acknowledged to be after all a self-limited disease, a not very unreasonable expectation. It is not a new thing to so consider it. A century or so ago, Pinel confirming Pussin's observation, that, in his own department, certain affections become their own remedy, added that this happens "*de la même manière qu'on voit souvent la cause des fièvres intermittentes se détruire par son nombre d'accès déterminé.*"—CABANIS, Paris, 1828, Vol. II. p. 371.

A name on a recipe often has a wonderful effect. The patients above would never have been "cured" had the desired one been absent. I have had other similar instances; a patient in painful malignant disease, who took with avidity and great comfort as well as advantage, hundreds of full doses of morphine under a different name, would invariably *experience* great commotions, violent headaches, vomitings, etc., if the real name appeared on the recipe, though the whole quantity prescribed did not contain a thousandth of a grain. This was observed in the case by others as well as myself.

In the first eight or ten years of my practice, including pupilage, I gave quinine right and left, according to rule, and in full doses, to all cases considered suitable for it. I made many ears ring and buzz from its so-called cinchonism, but never obtained any special good from the drug—any that could not be as quickly reached by less damaging measures. Since then I have not administered an ounce of the drug, all told. Verily, *nominis umbra* sometimes seems as substance itself, without disastrous results afterwards.

P. 89, l. 1.—I have always tried to impress upon my patients that it is better to wait and do nothing than to administer medicines in ignorance of their nature and of the nature of the disease, often quoting the saying of Prest. Kirkland, H. U., that "when you know not what to do, take care lest you do you know not what."

P. 89, l. 7.—I was once asked to give in my fees that the deceased might have a larger or a little more elaborate monument!

P. 89, l. 13.—I never knew of but one person made permanently better by disease. In this case a violently ugly temper was decidedly mollified by a chronic affection which ultimately destroyed life! Generally, disease is damaging, often ruinous, morally and physically—a few post hoc cases giving a different but not well founded impression. Disease may sometimes temporarily sharpen intellect, as in some cases of on-coming fever or some forms of insanity, but even Pliny (the younger) would not have written as he did (to Maximus, VII. 26) had he been a practising physician. His subjunctive *ut perseveremus*, however, is indicative of distrust in his premises. *Profitemur infirmi*—not to become monks, any more than the fallen angel did—hypocrites rather.

P. 89, l. 18.—More than one subsequently paying family has recently told me that had I exacted payment of them in their early struggles and first years of sickness, they could never have risen out of their poverty. And these were never considered "poor people." Nor is such experience peculiar to one neighborhood. It is related of a notable family by one of themselves, "our circumstances have been such that the increase of expense which would necessarily have attended upon the sickness of any one of us might have reduced us to real distress."—Cabot's Memoir of Emerson, 1887, Vol. I. p. 28.

P. 89, l. 25.—Possibly this may be cavilled at as unscientific treatment of symptoms or attention to non-essentials, but we are inclined to think that *pain*, more than any other thing, primarily induces a sick man to send for a physician; and that distress (real, or apparent as in some convulsive actions where the patient is unconscious) excites greater alarm and sympathy, often, than real danger unaccompanied by suffering. At any rate to gain confidence and control, in peace and quietude, such things must be early attended to, and the physician who ignores this (the necessity of attending to symptoms) loses half the battle from the start, no matter how correct his diagnosis or how new and scientific his routine prescriptions or appliances—frequently unnecessary it may be, not to say sometimes injurious.

P. 91, l. 21.—The *London Lancet*, Jan. 7th, 1888, on "The FAMILY PHYSICIAN OF THE FUTURE," says, "The general practitioner of the future, we consider, should still essentially resemble his predecessors. More learned he certainly will be, as well as more skilful in details of practice, because endowed with greater advantages of

training; but he will also, doubtless, like them, continue to treat the whole man by prevention and by cure, and will be limited in the exercise of his functions only by necessary considerations of time and opportunity."

P. 92, l. 20.—Every mortal, unless utterly insignificant, will sometimes be obliged, however unwillingly, to repel aggressions by word or deed. In a few, very few, instances, professional or other, being constrained to do this, and having done it, I trust, effectively—I have, "with malice towards none," let the matter go, disremembered, into the waste-basket of forgotten things. It would be difficult, at this late day, to recover therefrom shreds enough to patch up a connected story in any instance. "Carper" must, therefore, forgive me for not gratifying his request to give "some disagreeables" to qualify the story of a seemingly contented and prosperous life.

P. 93, l. 8.—Were one perfect, that alone would be sufficient to induce detraction from the envious and ill-disposed. Why are you continually abusing —— (the questioner's friend, whose better reputation greatly annoyed the assailant), was asked of an ugly and quarrelsome fellow. "Oh," said he, "he has no pluck, he won't *fight!*" The friend, however, thought that, as it takes two to make a quarrel, he would have no contention with such a person, and so contented himself with ignoring the abuse and its author, to the latter's infinite vexation. The true way to treat such fellows, evidently.

P. 94, l. 8.—I once lost a profitable and apparently devoted family for not seeing the father in a crowded street-car. That *he saw me*, and *did not speak to me*, was of no account! My offence was unpardonable, and they were ever after my professional detractors.

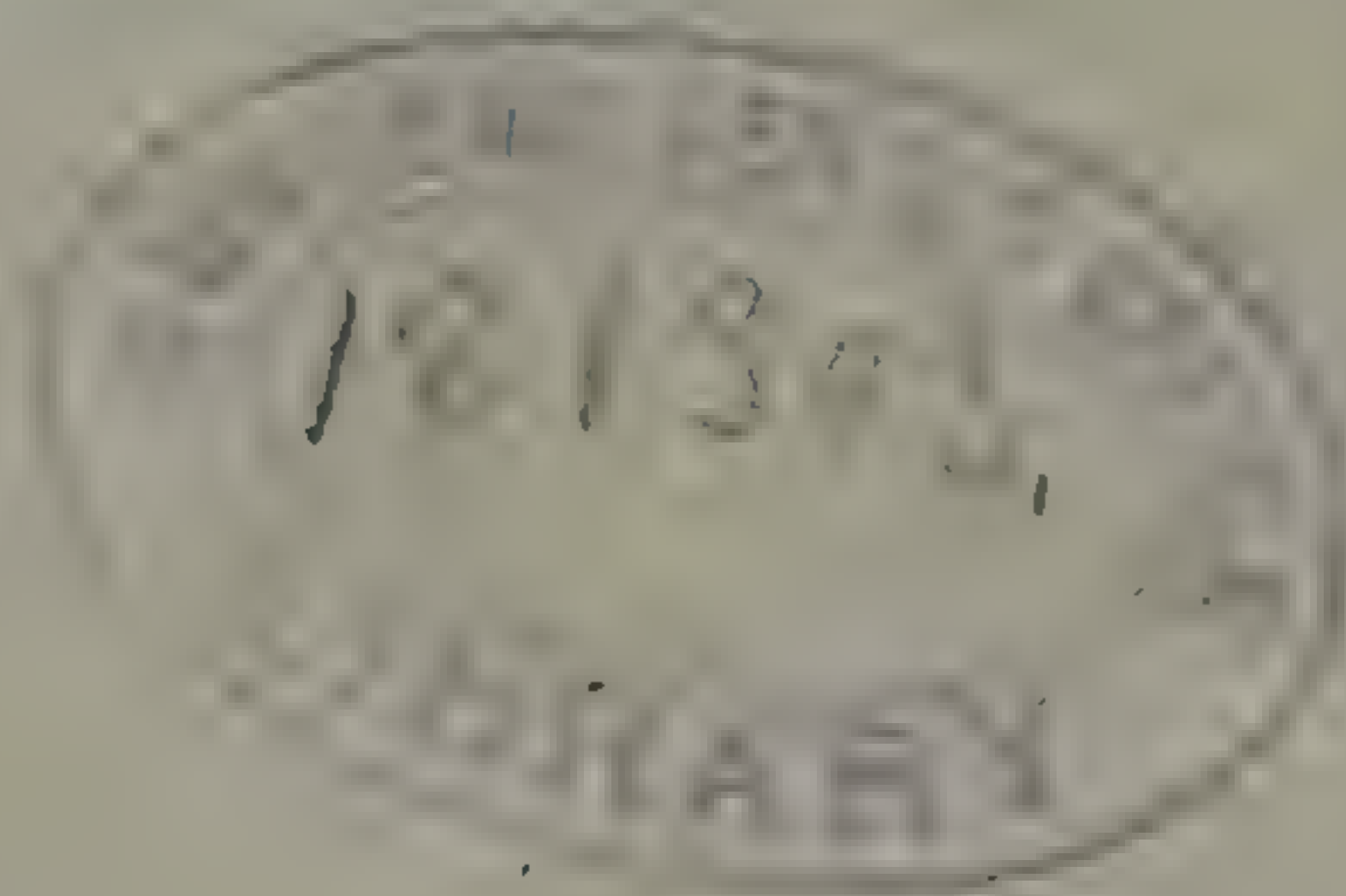
P. I, l. 8.—Erratum insuave—for III. 19, *read* II. 19.

N. B.—The foregoing Reminiscences—originating as narrated and begun for a temporary purpose—grew, fragment by fragment, to unwieldy quantities, which threatened to become interminable. Selected portions were read to the Society (October 25th, 1887) as required; and, subsequently, the Editor of the Boston Medical and Surgical Journal was allowed to take what he wanted for that publication. Hence a reprint; with Notes, illustrative or additional. The outcome of flattering hortation, frailty apparent, its utility
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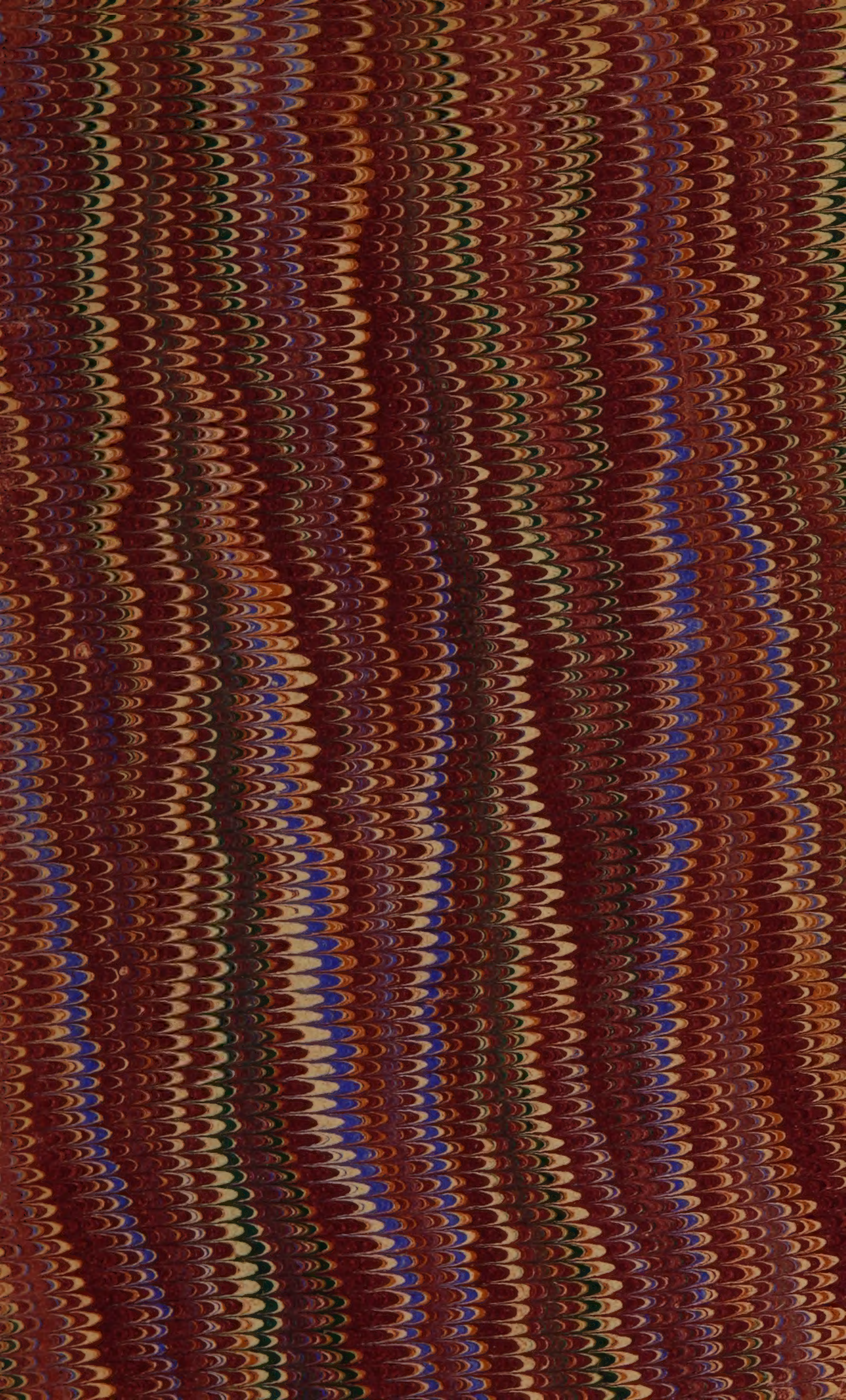
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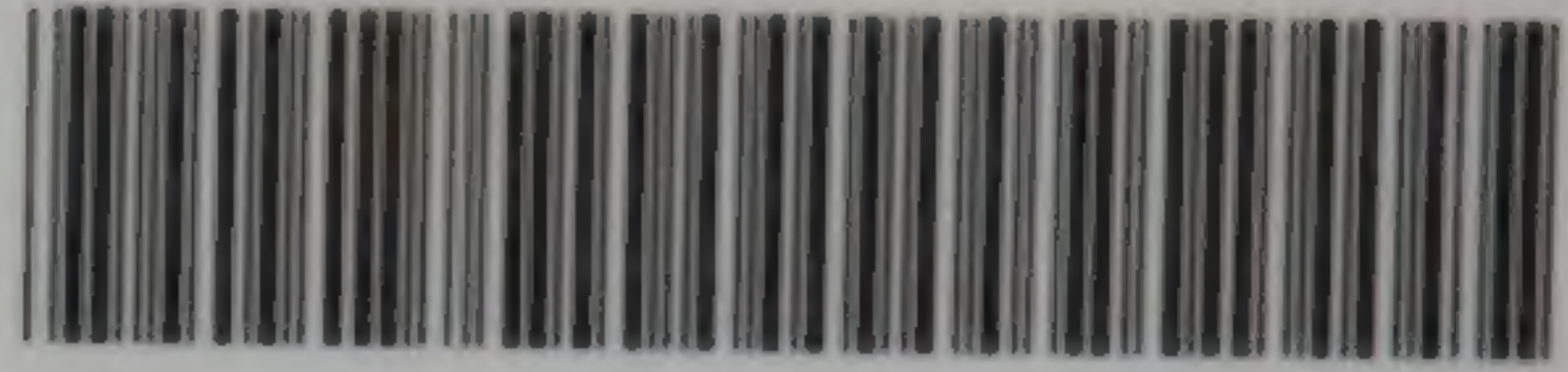






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